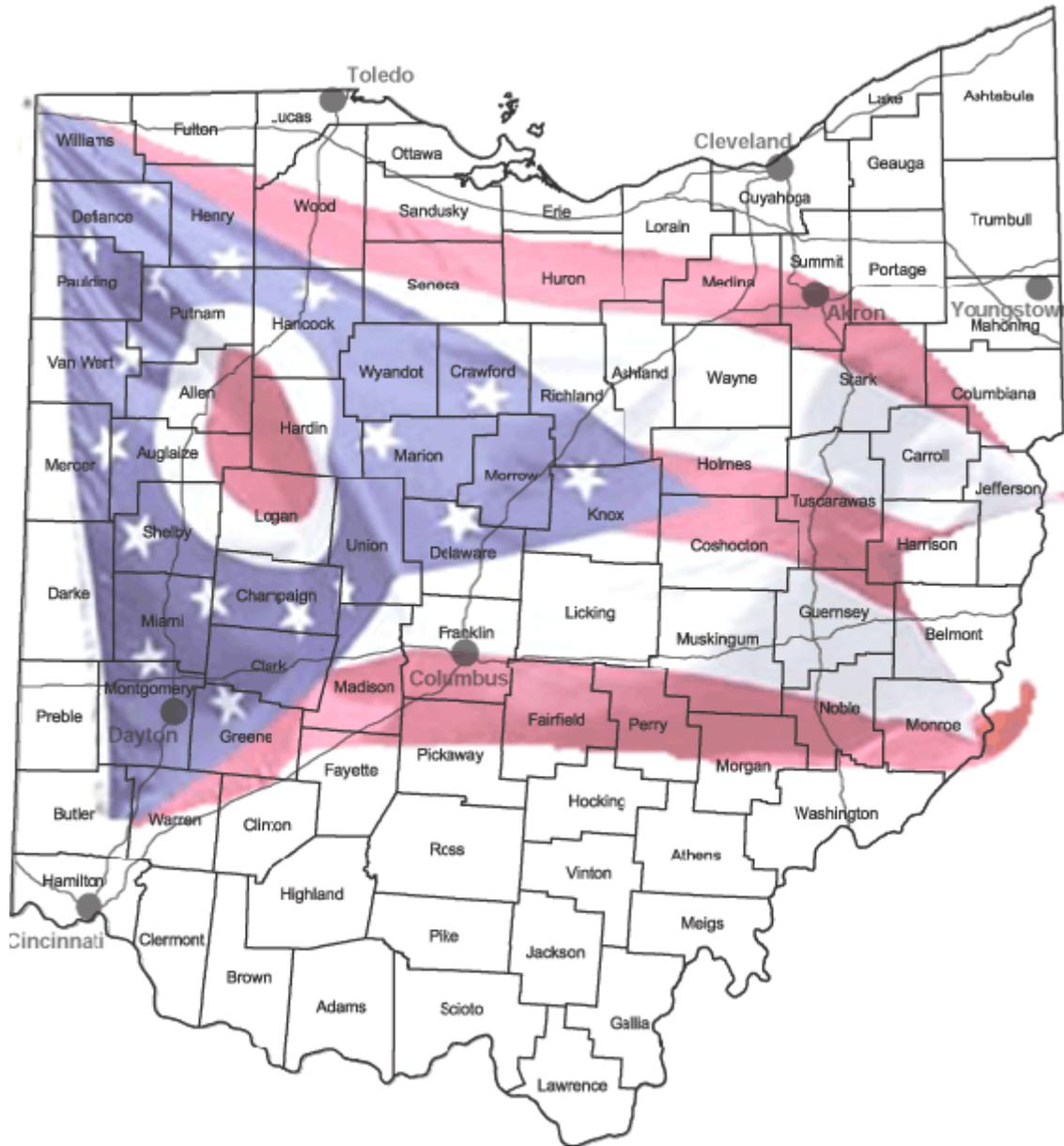


# Ohio Child and Family Services Review Statewide Assessment



**Ohio Department of Job and Family Services  
Office for Children and Families  
June 2008**

**Section I – General Information**

<b>Name of State Agency</b>	
<b>Ohio Department of Job and Family Services</b>	
<b>Period Under Review</b>	
Onsite Review Sample Period: April 1, 2007-November 20, 2007	
Period of AFCARS Data: April 1, 2006-March 31, 2007	
Period of NCANDS Data (or other approved source; please specify if alternative data source is used): April 1, 2006-March 31, 2007	
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## Preface

Ohio's *Statewide Assessment* reflects a long collaborative history across systems and communities to meet the complex challenges faced by child welfare service agencies and the children and families they serve. Assessment contents were derived from multiple sources and methods including:

- Improvement recommendations from former foster care youth;
- Ongoing discussions, mutual problem solving initiatives, and partnerships with public and private children services staff at all levels;
- Focus groups, surveys, and research findings of kinship caregivers, foster caregivers and adoptive parents;
- Recommendations from child advocacy groups and results of legislative improvements;
- Court system survey results and ongoing collaboration and leadership of the Supreme Court of Ohio;
- Pilot and best practice initiatives and preliminary evaluation findings;
- Ongoing work by the Governor, the Cabinet Council, and the legislature;
- Quantitative and qualitative findings from two full cycles of Child Protection Oversight and Evaluation reviews, quality improvement plans, self assessments, and outcome indicator discussions with Ohio's 88 public children services agencies and community stakeholders;
- Published research from universities, Child Welfare League of America, and other states;
- Ongoing collaboration with the Public Children Services Association of Ohio;
- Preliminary outcome findings from the Ohio Association of Child Caring Agencies;
- Evaluation Reports from the Ohio Departments of Mental Health, Health, Education, Drug and Alcohol;
- Summary of visits conducted by the First Lady with 59 local Family and Children First Councils;
- ProtectOhio and AdoptOHIO evaluation reports and findings;
- Child and Family Services Review work group meetings (refer to the last section of this document which contains a listing of work group members);
- Analysis of Ohio's Child and Family Services Review Data Profiles.

Each information source provides a critical piece of an intricate puzzle. While the Statewide Assessment reveals tremendous growth and continued challenges, partners and stakeholders recognize the privilege and importance of serving Ohio's youth and families well.

### Agency Background

The Ohio Office for Children and Families (OCF) is the division of the Ohio Department of Job and Family Services (ODJFS) responsible for administering and overseeing the state's child welfare programs, including the certification of foster homes and residential facilities. Ohio's child welfare system is state-supervised and county-administered. Child welfare services in Ohio are provided by 88 public children services agencies (PCSAs). Fifty-five (55) children services functions are located within county departments of job and family services, and 33 operate separately. Ohio has enormous diversity within its 88 counties, ranging from large metropolitan areas to rural Appalachian counties. Counties develop innovative systems to solve local problems that can be adapted to help solve issues in other counties. For analysis purposes, PCSAs are grouped by population size: Three (3) "Major Metros", nine (9) "Metros", sixteen (16) "Large", twenty (20) "Medium", fifteen (15) "Medium-small" and twenty-five (25) "Small" Size categories are based upon population size as outlined in the table below.

<b>County Size</b>
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<b>Small</b> (39,999 and less)	<b>25</b>
<b>Medium-Small</b> (40,000-49,000)	<b>15</b>
<b>Medium</b> (50,000-99,999)	<b>20</b>
<b>Large</b> (100,000-199,999)	<b>16</b>
<b>Metro</b> (200,000-799,999)	<b>9</b>
<b>Major Metro</b> (800,000+)	<b>3</b>

Technical assistance, on-site monitoring, and continuous feedback are provided to ensure local program implementation complies with federal and state laws, rules, and policies.

### Accomplishment Highlights

Ohio has made significant progress since the 2002 Child and Family Services Review (CFSR) Statewide Assessment and subsequent Performance Improvement Plan (PIP). The PIP identified 18 performance indicators that needed to be addressed and 257 strategies for addressing them. Even before the plan was formally approved, OCF had already made some of the suggested improvements: developing a safety assessment for public children services agency caseworkers, implementing a data-analysis reporting tool for PCSAs, and refining the state's children and family services strategic plan. The following are just a few of the achievements made since the 2002 assessment:

- In July 2007, Ohio began converting to the Statewide Automated Child Welfare Information System (SACWIS), a new computerized system for tracking abused and neglected children who are receiving child welfare services through the state. SACWIS will give county caseworkers access to the latest information about these children at any time, no matter where in Ohio they live or how long they have lived there. It also provides the state with aggregate data from all of Ohio's 88 counties.
- In May 2005, Ohio began implementation of the Comprehensive Assessment and Planning Model—Interim Solution (CAPMIS) through a four (4) county pilot. CAPMIS provides a new framework for caseworkers to use when assessing children's safety and risk, developing safety and service plans, and assessing reunification readiness. Statewide implementation of the model began in September 2006 as counties were trained on the model. County agencies were given the option of implementing CAPMIS "on paper" following the completion of training, or waiting until the agency converted to SACWIS which contains the automated version of the CAPMIS tools and protocol. Eighty-seven counties are currently utilizing CAPMIS, including all of the counties participating in the on-site review. As a pilot agency, Lorain County implemented CAPMIS in 2005. Franklin and Belmont counties began using the protocol in July 2007 and August 2007, respectively. The only county not using the protocol, Cuyahoga County, is planning to implement CAPMIS simultaneously with SACWIS.
- Since October 1997, Ohio has continued to participate in the federal Title IV-E Waiver project, ProtectOhio. Phase II of the waiver project is currently operating in fourteen counties. Participating counties continue to use Title IV-E funds flexibly to prevent unnecessary removal of children from their homes and to increase permanency for children in out-of-home placement. Ohio has selected five distinct "intervention strategies" that are the focus of waiver activities including: implementation of Family Team Meeting models, structured visitations between parents/children in out-of-home placement to promote reunification, kinship support services, managed care strategies, and enhanced mental health/substance abuse services. Independent evaluation of Ohio's ProtectOhio project indicates success is being achieved in improving service quality, access, and availability; increased family involvement in case planning; and ultimately reducing length of stay/placement days for youth in out-of-home care settings

- Ohio's most recent biennial budget established the Kinship Permanency Incentive (KPI) program. The KPI program promotes permanency by supporting kinship caregivers, guardians, and custodians who provide care for minor "at risk" children who would otherwise be unsafe if they remained in their own homes. KPI provides time-limited incentive payments (\$1,000 per child at the initial placement and in some instances \$500 at six month intervals) to defray initial placement costs and support placement stability.
- In 2002, OCF established a Help Desk, which constituents, legislators, stakeholders, and the general public can call or e-mail to request information, referrals, or assistance regarding children services and child care issues. In addition, county personnel may contact the Help Desk to obtain policy guidance to assist them with immediate casework, child care issues, administrative issues, the development of local policies, and to plan service delivery. In state fiscal year 2006, the Help Desk provided assistance to 32,365 callers.
- In 2007, Cleveland became one of 15 "anchor sites" for the Annie E. Casey Foundation's Family to Family Initiative. Family to Family provides states with a model for a network of substitute care that, among other things, is neighborhood-based, culturally sensitive, and located near where children live. The 2007 "anchor sites" are leading intensive reform efforts, to bring about comprehensive change and significant improvement.
- In May 2006, Public Children Services Association of Ohio (PCSAO) initiated the My Voice, My Life, My future Project and conducted five regional youth forums with over 30 participants across the state. Foster youth participated in these initiatives and traveled to Washington, D.C. to meet with federal legislators. An art and writing contest describing foster care experiences was created, as well as a DVD. The project led to additional regional forums of foster care alumni who formed the Overcoming Hurdles in Ohio (OHIO) Youth Advisory Board in February 2007. The group exists to work with ODJFS by bringing the voice of former foster youth into the policy planning and child welfare monitoring functions. The group has provided initial recommendations for improving Ohio's child welfare system. Recommendations are incorporated in various sections throughout the Statewide Assessment.
- Since 2005, a group of university social work departments, PCSAs, The Institute for Human Services (IHS), the PCSAO, and ODJFS came together to form a Research Partnership to promote Evidence Based Research to improve child welfare.
- An important outgrowth of Ohio's PIP implementation was the enhancement of collaborative relationships with other state departments administering children's services programs, the PCSAs, private child-serving agencies, child advocacy groups, and the Supreme Court of Ohio. A few of the most notable achievements include:
  - Building a collaborative state partnership between ODJFS and the Ohio Department of Mental Health to implement the Access to Better Care (ABC) initiative, to provide prevention, early intervention, and treatment services for children with alcohol, drug, and/or mental health service needs.
  - Working with the Ohio Department of Education (ODE) to improve access and timeliness of Individualized Education Plans (IEPs) for students with disabilities by posting requested information on ODE's website.
  - Promoting specialized services for children of parents with addiction and substance abuse concerns in collaboration with the Ohio Department of Alcohol and Drug Addiction Services.
  - Reducing service delays for children in PCSA custody by working extensively with local courts and the Supreme Court of Ohio.
  - Achieving Council on Accreditation certification in twenty (20) PCSAs and supporting four (4) additional PCSAs in the COA process. Ohio has one of the highest rates of public agency accreditation for locally administered PCSAs in the nation.
- Continuing efforts by the State and local Ohio Family and Children First Councils to enhance the

well-being of Ohio's children and families by: building community capacity; strategically coordinating systems and services; engaging and empowering families; and sharing accountability.

- The Supreme Court of Ohio and ODJFS are jointly overseeing a program authorized by the Ohio General Assembly for the purpose of examining the feasibility of implementing a statewide system that offers an alternative method of responding to reports of child maltreatment.

## **Challenges**

Nearly half of all PCSA funding comes from local sources. Because of this, child welfare services in Ohio vary dramatically from county to county. In 2007, 43 of the 88 PCSAs maintained children services levies. This gave them the stability of having funding specifically earmarked for children's services, drawn from local property taxes. Counties that did not request (or that requested and did not receive) levies instead rely on county general funds. County general funds come primarily from sales tax revenues, which fluctuate far more rapidly than property taxes in response to changes in the economy. In addition, all agencies within a county draw from the general fund, which creates an inevitable competition for limited resources. This local funding challenge is most pronounced in the state's Appalachian regions. One in eight Ohio children lives in Appalachia, and one in five Appalachian children lives in poverty.

Rollout of SACWIS has limited Ohio's ability to obtain recent child welfare data (i.e, services needs).

With recent CAPMIS and SACWIS implementation, Ohio is in a period of transition. The joint rollout of these systems in the counties began in January 2007. As a result, two sets of Ohio Administrative Code (OAC) rules governing case management currently exist. PCSAs are required to follow CAPMIS rules upon implementation of CAPMIS, which may or may not occur simultaneously with SACWIS implementation.

Ohio's Caseworker turnover rate/retention, especially in smaller PCSAs is a barrier impacting CFRS performance results. Smaller PCSAs experience a higher average caseworker turnover rate (21-23 percent in 2006) than their larger metropolitan counterparts (14-17 percent in 2006). In addition, Ohio's PCSAO 2006 salary survey demonstrate medium and small Ohio PCSAs pay frontline caseworkers significantly less per hour (\$12.57 compared to \$15.28 for entry level caseworkers respectively and \$16.01 compared to \$23.84 for more experienced/qualified caseworkers). Statewide 2007 turnover and salary information has not yet been released.

## Section II- Safety and Permanency Data

### Ohio Child and Family Services Review Data Profile: May 8, 2008

CHILD SAFETY PROFILE	Fiscal Year 2006ab						12-Month Period Ending 03/31/2007 (06b07a)						Fiscal Year 2007ab (Not submitted)					
	Reports	%	Duplic. Childn. <sup>2</sup>	%	Unique Childn. <sup>2</sup>	%	Reports	%	Duplic. Childn. <sup>2</sup>	%	Unique Childn. <sup>2</sup>	%	Reports	%	Duplic. Childn. <sup>2</sup>	%	Unique Childn. <sup>2</sup>	%
<b>I. Total CA/N Reports Disposed<sup>1</sup></b>	73,156		116,129		96,505		73,571		114,689		97,133							
<b>II. Disposition of CA/N Reports<sup>3</sup></b>																		
Substantiated & Indicated	28,079	38.4	41,449	35.7	37,759	39.1	27,611	37.5	40,594	35.4	37,636	38.7						
Unsubstantiated	43,403	59.3	71,144	61.3	56,180	58.2	44,045	59.9	70,349	61.3	56,747	58.4						
Other	1,674	2.3	3,536	3.0	2,566	2.7	1,915	2.6	3,746	3.3	2,750	2.8						
<b>III. Child Victim Cases Opened for Post-Investigation Services<sup>4</sup></b>			12,055	29.1	10,928	28.9			14,341	35.3	13,326	35.4						
<b>IV. Child Victims Entering Care Based on CA/N Report<sup>5</sup></b>			6,702	16.2	5,910	15.7			6,397	15.8	5,831	15.5						
<b>V. Child Fatalities Resulting from Maltreatment<sup>6</sup></b>					74	0.2					87	0.2						
<b>STATEWIDE AGGREGATE DATA USED TO DETERMINE SUBSTANTIAL CONFORMITY</b>																		
<b>VI. Absence of Maltreatment Recurrence<sup>7</sup> [Standard: 94.6% or more]</b>					17,700 of 19,103	92.7					19,332 of 20,670	93.5						
<b>VII. Absence of Child Abuse and/or Neglect in Foster Care<sup>8</sup> (12 months) [standard 99.68% or more]</b>					27,494 of 27,629	99.51					28,784 of 28,932	99.49						

**Ohio Child and Family Services Review Data Profile: May 8, 2008**

<b>Additional Safety Measures For Information Only (no standards are associated with these):</b>																		
	<b>Fiscal Year 2006ab</b>						<b>12-Month Period Ending 03/31/2007(06b07a)</b>						<b>Fiscal Year 2007ab (Not submitted)</b>					
	Hours				Unique Childn. <sup>2</sup>	%	Hours				Unique Childn. <sup>2</sup>	%	Hours				Unique Childn. <sup>2</sup>	%
VIII. Median Time to Investigation in Hours (Child File) <sup>9</sup>	<24						<24											
IX. Mean Time to Investigation in Hours (Child File) <sup>10</sup>	29.2						28.6											
X. Mean Time to Investigation in Hours (Agency File) <sup>11</sup>																		
XI. Children Maltreated by Parents While in Foster Care. <sup>12</sup>					227 of 27,629	0.82						205 of 28,932	0.71					
<b>CFSR Round One Safety Measures to Determine Substantial Conformity (Used primarily by States completing Round One Program Improvement Plans, but States may also review them to compare to prior performance)</b>																		
	<b>Fiscal Year 2006ab</b>						<b>12-Month Period Ending 03/31/2007(06b07a)</b>						<b>Fiscal Year 2007ab (Not submitted)</b>					
	Reports	%	Duplic. Childn. <sup>2</sup>	%	Unique Childn. <sup>2</sup>	%	Reports	%	Duplic. Childn. <sup>2</sup>	%	Unique Childn. <sup>2</sup>	%	Reports	%	Duplic. Childn. <sup>2</sup>	%	Unique Childn. <sup>2</sup>	%
XII. Recurrence of Maltreatment <sup>13</sup> [Standard: 6.1% or less]					1,403 of 19,103	7.3						1,338 of 19,332	6.9					
XIII. Incidence of Child Abuse and/or Neglect in Foster Care <sup>14</sup> (9 months) [standard 0.57% or less]					106 of 25,085	0.42						112 of 25,888	0.43					

NCANDS data completeness information for the CFSR			
Description of Data Tests	Fiscal Year 2006ab	12-Month Period Ending 03/31/2007(06b07a)	Fiscal Year 2007ab (Not submitted)
<b>Percent of duplicate victims in the submission</b> [At least 1% of victims should be associated with multiple reports (same CHID). If not, the State would appear to have frequently entered different IDs for the same victim. This affects maltreatment recurrence]	8.57	7.10	
<b>Percent of victims with perpetrator reported</b> [File must have at least 75% to reasonably calculate maltreatment in foster care]*	95.67	96.20	
<b>Percent of perpetrators with relationship to victim reported</b> [File must have at least 75%]*	97.08	96.80	
<b>Percent of records with investigation start date reported</b> [Needed to compute mean and median time to investigation]	99.67	99.30	
<b>Average time to investigation in the Agency file</b> [PART measure]	Reported median time	Not reported	
<b>Percent of records with AFCARS ID reported in the Child File</b> [Needed to calculate maltreatment in foster care by the parents; also. All Child File records should now have an AFCARS ID to allow ACF to link the NCANDS data with AFCARS. This is now an all-purpose unique child identifier and a child <b>does not have to be in foster care to have this ID</b> ]	100	100	

\*States should strive to reach 100% in order to have confidence in the absence of maltreatment in foster care measure.

### FOOTNOTES TO DATA ELEMENTS IN CHILD SAFETY PROFILE

Each maltreatment allegation reported to NCANDS is associated with a disposition or finding that is used to derive the counts provided in this safety profile. The safety profile uses three categories. The various terms that are used in NCANDS reporting have been collapsed into these three groups.

Disposition Category	Safety Profile Disposition	NCANDS Maltreatment Level Codes Included
A	Substantiated or Indicated (Maltreatment Victim)	“Substantiated,” “Indicated,” and “Alternative Response Disposition Victim”
B	Unsubstantiated	“Unsubstantiated” and “Unsubstantiated Due to Intentionally False Reporting”
C	Other	“Closed-No Finding,” “Alternative Response Disposition – Not a Victim,” “Other,” “No Alleged Maltreatment,” and “Unknown or Missing”

*Alternative Response was added starting with the 2000 data year. The two categories of Unsubstantiated were added starting with the 2000 data year. In earlier years there was only the category of Unsubstantiated. The disposition of “No alleged maltreatment” was added for FFY 2003. It primarily refers to children who receive an investigation or assessment because there is an allegation concerning a sibling or other child in the household, but not themselves, AND whom are not found to be a victim of maltreatment. It applies as a Maltreatment Disposition Level but not as a Report Disposition code because the Report Disposition cannot have this value (there must have been a child who was found to be one of the other values.)*

*Starting with FFY 2003, the data year is the fiscal year.*

*Starting with FFY2004, the maltreatment levels for each child are used consistently to categorize children. While report dispositions are based on the field of report disposition in NCANDS, the dispositions for duplicate children and unique children are based on the maltreatment levels associated with each child. A child victim has at least one maltreatment level that is coded “substantiated,” “indicated,” or “alternative response victim.” A child classified as unsubstantiated has no maltreatment levels that are considered to be victim levels and at least one maltreatment level that is coded “unsubstantiated” or “unsubstantiated due to intentionally false reporting.” A child classified as “other” has no maltreatment levels that are considered to be victim levels and none that are considered to be unsubstantiated levels. If a child has no maltreatments in the record, and report has a victim disposition, the child is assigned to “other” disposition. If a child has no maltreatments in the record and the report has either an unsubstantiated disposition or an “other” disposition, the child is counted as having the same disposition as the report disposition.*

1. *The data element, "Total CA/N Reports Disposed," is based on the reports received in the State that received a disposition in the reporting period under review. The number shown may include reports received during a previous year that received a disposition in the reporting year. Counts based on "reports," "duplicated counts of children," and "unique counts of children" are provided.*
2. *The duplicated count of children (report-child pairs) counts a child each time that (s) he was reported. The unique count of children counts a child only once during the reporting period, regardless of how many times the child was reported.*
3. *For the column labeled "Reports," the data element, "Disposition of CA/N Reports," is based on upon the highest disposition of any child who was the subject of an investigation in a particular report. For example, if a report investigated two children, and one child is found to be neglected and the other child found not to be maltreated, the report disposition will be substantiated (Group A). The disposition for each child is based on the specific finding related to the maltreatment(s). In other words, of the two children above, one is a victim and is counted under "substantiated" (Group A) and the other is not a victim and is counted under "unsubstantiated" (Group B). In determining the unique counts of children, the highest finding is given priority. If a child is found to be a victim in one report (Group A), but not a victim in a second report (Group B), the unique count of children includes the child only as a victim (Group A). The category of "other" (Group C) includes children whose report may have been "closed without a finding," children for whom the allegation disposition is "unknown," and other dispositions that a State is unable to code as substantiated, indicated, alternative response victim, or unsubstantiated.*
4. *The data element, "Child Cases Opened for Services," is based on the number of victims (Group A) during the reporting period under review. "Opened for Services" refers to post-investigative services. The duplicated number counts each time a victim's report is linked to on-going services; the unique number counts a victim only once regardless of the number of times services are linked to reports of substantiated maltreatment.*
5. *The data element, "Children Entering Care Based on CA/N Report," is based on the number of victims (Group A) during the reporting period under review. The duplicated number counts each time a victim's report is linked to a foster care removal date. The unique number counts a victim only once regardless of the number of removals that may be reported.*
6. *The data element "Child Fatalities" counts the number of children reported to NCANDS as having died as a result of child abuse and/or neglect. Depending upon State practice, this number may count only those children for whom a case record has been opened either prior to or after the death, or may include a number of children whose deaths have been investigated as possibly related to child maltreatment. For example, some States include neglected-related deaths such as those caused by motor vehicle or boating accidents, house fires or access to firearms, under certain circumstances. The percentage is based on a count of unique victims of maltreatment for the reporting period.*
7. *The data element "Absence of Recurrence of Maltreatment" is defined as follows: Of all children who were victims of substantiated or indicated maltreatment allegation during the first 6 months of the reporting period, what percent were not victims of another substantiated or indicated maltreatment allegation within a 6-month period. This data element is used to determine the State's substantial conformity with CFSR Safety Outcome #1 ("Children are, first and foremost, protected from abuse and neglect").*
8. *The data element "Absence of Child Abuse/or Neglect in Foster Care" is defined as follows: Of all children in foster care during the reporting period, what percent were not victims of substantiated or indicated maltreatment by foster parent or facility staff member. This data element is used to determine the State's substantial conformity with CFSR Safety Outcome #1 ("Children are, first and foremost, protected from abuse and neglect"). A child is counted as not having been maltreated in foster care if the perpetrator of the maltreatment was not identified as a foster parent or residential facility staff. Counts of children not maltreated in foster care are derived by subtracting NCANDS count of children maltreated by foster care providers from AFCARS count of children placed in foster care. The observation period for this measure is 12 months. The number of children not found to be maltreated in foster care and the percentage of all children in foster care are provided.*
9. *Median Time to Investigation in hours is computed from the Child File records using the Report Date and the Investigation Start Date (currently reported in the Child File in mmddyyyy format). The result is converted to hours by multiplying by 24.*
10. *Mean Time to investigation in hours is computed from the Child File records using the Report Date and the Investigation Start Date (currently reported in the Child File in mmddyyyy format). The result is converted to hours by multiplying by 24. Zero days difference (both dates are on the same day) is reported as "under 24 hours", one day difference (investigation date is the next day after report date) is reported as "at least 24 hours, but less than 48 hours", two days difference is reported as "at least 48 hours, but less than 72 hours", etc.*
11. *Average response time in hours between maltreatment report and investigation is available through State NCANDS Agency or SDC File aggregate data. "Response time" is defined as the time from the receipt of a report to the time of the initial investigation or assessment. Note that many States calculate the initial investigation date as the first date of contact with the alleged victim, when*

this is appropriate, or with another person who can provide information essential to the disposition of the investigation or assessment.

12. The data element, “Children Maltreated by Parents while in Foster Care” is defined as follows: Of all children placed in foster care during the reporting period, what percent were victims of substantiated or indicated maltreatment by parent. This data element requires matching NCANDS and AFCARS records by AFCARS IDs. Only unique NCANDS children with substantiated or indicated maltreatments and perpetrator relationship “Parent” are selected for this match. NCANDS report date must fall within the removal period found in the matching AFCARS record.
13. The data element, “Recurrence of Maltreatment,” is defined as follows: Of all children associated with a “substantiated” or “indicated” finding of maltreatment during the first six months of the reporting period, what percentage had another “substantiated” or “indicated” finding of maltreatment within a 6-month period. The number of victims during the first six-month period and the number of these victims who were recurrent victims within six months are provided. This data element was used to determine the State’s substantial conformity with Safety Outcome #1 for CFSR Round One.
14. The data element, “Incidence of Child Abuse and/or Neglect in Foster Care,” is defined as follows: Of all children who were served in foster care during the reporting period, what percentage were found to be victims of “substantiated” or “indicated” maltreatment. A child is counted as having been maltreated in foster care if the perpetrator of the maltreatment was identified as a foster parent or residential facility staff. Counts of children maltreated in foster care are derived from NCANDS, while counts of children placed in foster care are derived from AFCARS. The observation period for these measures is January-September because this is the reporting period that was jointly addressed by both NCANDS and AFCARS at the time when NCANDS reporting period was a calendar year. The number of children found to be maltreated in foster care and the percentage of all children in foster care are provided. This data element was used to determine the State’s substantial conformity with Safety Outcome #2 for CFSR Round One.

#### **Additional Footnotes**

(None)

**Ohio Child and Family Services Review Data Profile: May 8, 2008**

POINT-IN-TIME PERMANENCY PROFILE	Federal FY 2006ab		12-Month Period Ending 03/31/2007 (06b07a)		Federal FY 2007ab	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
<b>I. Foster Care Population Flow</b>						
Children in foster care on first day of year <sup>1</sup>	15,969		16,924		17,132	
Admissions during year	11,651		11,997		10,701	
Discharges during year	11,285		11,586		10,557	
Children discharging from FC in 7 days or less (These cases are excluded from length of stay calculations in the composite measures)	1,096	9.7% of the discharges	1,136	9.8% of the discharges	877	8.5% of the discharges
Children in care on last day of year	16,344		17,346		17,292	
Net change during year	366		411		144	
<b>II. Placement Types for Children in Care</b>						
Pre-Adoptive Homes	640	3.9	632	3.6	698	4.1
Foster Family Homes (Relative)	2,559	15.7	2,568	14.8	2,527	14.8
Foster Family Homes (Non-Relative)	9,415	57.6	10,105	58.3	10,286	59.9
Group Homes	875	5.4	956	5.5	972	5.6
Institutions	1,759	10.8	1,901	11.0	1,880	11.1
Supervised Independent Living	112	0.7	121	0.7	142	0.9
Runaway	531	3.2	559	3.2	253	1.5
Trial Home Visit	399	2.4	397	2.3	152	0.8
Missing Placement Information	54	0.3	107	0.6	382	1.2
Not Applicable (Placement in subsequent year)	0	0.0	0	0.0	0	0.0
<b>III. Permanency Goals for Children in Care</b>						
Reunification	8,301	50.8	8,534	49.2	8,584	48.6
Live with Other Relatives	0	0.0	0	0.0	0	0.0
Adoption	3,228	19.8	3,343	19.3	3,139	18.4
Long Term Foster Care	1,724	10.5	1,737	10.0	1,496	8.8
Emancipation	1,024	6.3	1,071	6.2	976	5.7
Guardianship	0	0.0	0	0.0	0	0.0
Case Plan Goal Not Established	2,067	12.6	2,540	14.6	2,714	16.0
Missing Goal Information	0	0.0	121	0.7	383	2.4

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POINT-IN-TIME PERMANENCY PROFILE	Federal FY 2006ab		12-Month Period Ending 03/31/2007 (06b07a)		Federal FY 2007ab	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
<b>IV. Number of Placement Settings in Current Episode</b>						
One	6,341	38.8	6,903	39.8	6,960	40.9
Two	4,144	25.4	4,342	25.0	4,160	24.4
Three	2,087	12.8	2,088	12.0	2,015	11.8
Four	1,201	7.3	1,239	7.1	1,081	6.4
Five	729	4.5	769	4.4	793	4.7
Six or more	1,783	10.9	1,861	10.7	1,800	10.6
Missing placement settings	59	0.4	144	0.8	211	1.2
<b>V. Number of Removal Episodes</b>						
One	10,519	64.4	11,210	64.6	11,034	64.8
Two	3,981	24.4	4,252	24.5	4,152	24.4
Three	1,197	7.3	1,211	7.0	1,202	7.1
Four	446	2.7	472	2.7	444	2.6
Five	134	0.8	131	0.8	135	0.8
Six or more	67	0.4	70	0.4	53	0.3
Missing removal episodes	0	0.0	0	0.0	0	0.0
<b>VI. Number of children in care 17 of the most recent 22 months<sup>2</sup></b> (percent based on cases with sufficient information for computation)	3,736	38.5	4,360	40.6	4,112	39.6
<b>VII. Median Length of Stay in Foster Care</b> (of children in care on last day of FY)	13.9		14.1		14.4	
<b>VIII. Length of Time to Achieve Perm. Goal</b>	<b># of Children Discharged</b>	<b>Median Months to Discharge</b>	<b># of Children Discharged</b>	<b>Median Months to Discharge</b>	<b># of Children Discharged</b>	<b>Median Months to Discharge</b>
Reunification	7,666	5.8	7,924	5.7	7,300	5.9
Adoption	1,708	32.1	1,667	29.8	1,603	30.2
Guardianship	404	7.1	424	7.0	451	8.4
Other	1,382	34.3	1,386	34.2	1,323	33.0
Missing Discharge Reason (footnote 3, page 16)	25	0.1	103	3.7	257	6.1
Total discharges (excluding those w/ problematic dates)	11,185	10.1	11,504	9.8	10,934	10.5
Dates are problematic (footnote 4, page 16)	100	N/A	82	N/A	80	N/A

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<b>Statewide Aggregate Data Used in Determining Substantial Conformity: Composites 1 through 4</b>			
	<b>Federal FY 2006ab</b>	<b>12-Month Period Ending 03/31/2007 (06b07a)</b>	<b>Federal FY 2007ab</b>
<b>IX. Permanency Composite 1: Timeliness and Permanency of Reunification</b> [standard: 122.6 or higher]. Scaled Scores for this composite incorporate two components	State Score = 115.1	State Score = 118.9	State Score = 115.2
<b>National Ranking of State Composite Scores (see footnote A on page 12 for details)</b>	20 of 47	18 of 47	20 of 47
<b>Component A: Timeliness of Reunification</b> The timeliness component is composed of three timeliness individual measures.			
<b>Measure C1 - 1: Exits to reunification in less than 12 months:</b> Of all children discharged from foster care to reunification in the year shown, who had been in foster care for 8 days or longer, what percent was reunified in less than 12 months from the date of the latest removal from home? (Includes trial home visit adjustment) [national median = 69.9%, 75 <sup>th</sup> percentile = 75.2%]	70.8%	72.4%	71.1%
<b>Measure C1 - 2: Exits to reunification, median stay:</b> Of all children discharged from foster care (FC) to reunification in the year shown, who had been in FC for 8 days or longer, what was the median length of stay (in months) from the date of the latest removal from home until the date of discharge to reunification? (This includes trial home visit adjustment) [national median = 6.5 months, 25 <sup>th</sup> Percentile = 5.4 months (lower score is preferable in this measure <sup>B</sup> )]	Median = 6.9 months	Median = 6.8 months	Median = 7.3 months
<b>Measure C1 - 3: Entry cohort reunification in &lt; 12 months:</b> Of all children entering foster care (FC) for the first time in the 6 month period just prior to the year shown, and who remained in FC for 8 days or longer, what percent was discharged from FC to reunification in less than 12 months from the date of the latest removal from home? (Includes trial home visit adjustment) [national median = 39.4%, 75 <sup>th</sup> Percentile = 48.4%]	48.3%	52.3%	51.6%
<b>Component B: Permanency of Reunification</b> The permanency component has one measure.			
<b>Measure C1 - 4: Re-entries to foster care in less than 12 months:</b> Of all children discharged from foster care (FC) to reunification in the 12-month period prior to the year shown, what percent re-entered FC in less than 12 months from the date of discharge? [national median = 15.0%, 25 <sup>th</sup> Percentile = 9.9% (lower score is preferable in this measure)]	15.8%	15.6%	15.9%

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	<b>Federal FY 2006ab</b>	<b>12-Month Period Ending 03/31/2007 (06b07a)</b>	<b>Federal FY 2007ab</b>
<b>X. Permanency Composite 2: Timeliness of Adoptions [standard: 106.4 or higher].</b> Scaled Scores for this composite incorporate three components.	State Score = 96.2	State Score = 98.7	State Score = 100.3
<b>National Ranking of State Composite Scores (see footnote A on page 12 for details)</b>	23 of 47	21 of 47	20 of 47
<b>Component A: Timeliness of Adoptions of Children Discharged From Foster Care.</b> There are two individual measures of this component. See below.			
<b>Measure C2 - 1: Exits to adoption in less than 24 months:</b> Of all children who were discharged from foster care to a finalized adoption in the year shown, what percent was discharged in less than 24 months from the date of the latest removal from home? [ <b>national median = 26.8%, 75<sup>th</sup> Percentile = 36.6%</b> ]	29.9%	34.9%	37.4%
<b>Measure C2 - 2: Exits to adoption, median length of stay:</b> Of all children who were discharged from foster care (FC) to a finalized adoption in the year shown, what was the median length of stay in FC (in months) from the date of latest removal from home to the date of discharge to adoption? [ <b>national median = 32.4 months, 25<sup>th</sup> Percentile = 27.3 months(lower score is preferable in this measure)</b> ]	Median = 32.1 months	Median = 29.8 months	Median = 30.2 months
<b>Component B: Progress Toward Adoption for Children in Foster Care for 17 Months or Longer.</b> There are two individual measures. See below.			
<b>Measure C2 - 3: Children in care 17+ months, adopted by the end of the year:</b> Of all children in foster care (FC) on the first day of the year shown who were in FC for 17 continuous months or longer (and who, by the last day of the year shown, were not discharged from FC with a discharge reason of live with relative, reunify, or guardianship), what percent was discharged from FC to a finalized adoption by the last day of the year shown? [ <b>national median = 20.2%, 75<sup>th</sup> Percentile = 22.7%</b> ]	20.6%	18.5%	18.3%
<b>Measure C2 - 4: Children in care 17+ months achieving legal freedom within 6 months:</b> Of all children in foster care (FC) on the first day of the year shown who were in FC for 17 continuous months or longer, and were not legally free for adoption prior to that day, what percent became legally free for adoption during the first 6 months of the year shown? Legally free means that there was a parental rights termination date reported to AFCARS for both mother and father. This calculation excludes children who, by the end of the first 6 months of the year shown had discharged from FC to "reunification," "live with relative," or "guardianship." [ <b>national median = 8.8%, 75<sup>th</sup> Percentile = 10.9%</b> ]	9.2%	9.0%	9.4%
<b>Component C: Progress Toward Adoption of Children Who Are Legally Free for Adoption.</b> There is one measure for this component. See below.			
<b>Measure C2 - 5: Legally free children adopted in less than 12 months:</b> Of all children who became legally free for adoption in the 12 month period prior to the year shown (i.e., there was a parental rights termination date reported to AFCARS for both mother and father), what percent was discharged from foster care to a finalized adoption in less than 12 months of becoming legally free? [ <b>national median = 45.8%, 75<sup>th</sup> Percentile = 53.7%</b> ]	43.5%	45.8%	45.4%

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	Federal FY 2006ab	12-Month Period Ending 03/31/2007 (06b07a)	Federal FY 2007ab
<b>XI. Permanency Composite 3: Permanency for Children and Youth in Foster Care for Long Periods of Time [standard: 121.7 or higher].</b> Scaled Scores for this composite incorporate two components	State Score = 116.8	State Score = 116.4	State Score = 116.3
<b>National Ranking of State Composite Scores (see footnote A on page 12 for details)</b>	24 of 51	25 of 51	25 of 51
<b>Component A: Achieving permanency for Children in Foster Care for Long Periods of Time.</b> This component has two measures.			
<b>Measure C3 - 1: Exits to permanency prior to 18th birthday for children in care for 24 + months.</b> Of all children in foster care for 24 months or longer on the first day of the year shown, what percent was discharged to a permanent home prior to their 18th birthday and by the end of the fiscal year? A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification (including living with relative). <b>[national median 25.0%, 75<sup>th</sup> Percentile = 29.1%]</b>	24.8%	22.0%	22.2%
<b>Measure C3 - 2: Exits to permanency for children with TPR:</b> Of all children who were discharged from foster care in the year shown, and who were legally free for adoption at the time of discharge (i.e., there was a parental rights termination date reported to AFCARS for both mother and father), what percent was discharged to a permanent home prior to their 18th birthday? A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification (including living with relative) <b>[national median 96.8%, 75<sup>th</sup> Percentile = 98.0%]</b>	91.8%	94.0%	93.3%
<b>Component B: Growing up in foster care.</b> This component has one measure.			
<b>Measure C3 - 3: Children Emancipated Who Were in Foster Care for 3 Years or More.</b> Of all children who, during the year shown, either (1) were discharged from foster care prior to age 18 with a discharge reason of emancipation, or (2) reached their 18 <sup>th</sup> birthday while in foster care, what percent were in foster care for 3 years or longer? <b>[national median 47.8%, 25<sup>th</sup> Percentile = 37.5% (lower score is preferable)]</b>	45.6%	42.7%	42.8%

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	Federal FY 2006ab	12-Month Period Ending 03/31/2007 (06b07a)	Federal FY 2007ab
<b>XII. Permanency Composite 4: Placement Stability [national standard: 101.5 or higher].</b> Scaled score for this composite incorporates <b>no components</b> but three individual measures (below)	State Score = 97.8	State Score = 99.4	State Score = 100.9
<b>National Ranking of State Composite Scores (see footnote A on page 12 for details)</b>	16 of 51	12 of 51	11 of 51
<b>Measure C4 - 1) Two or fewer placement settings for children in care for less than 12 months.</b> Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 8 days but less than 12 months, what percent had two or fewer placement settings? [national median = 83.3%, 75 <sup>th</sup> Percentile = 86.0%]	86.3%	86.8%	87.3%
<b>Measure C4 - 2) Two or fewer placement settings for children in care for 12 to 24 months.</b> Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 12 months but less than 24 months, what percent had two or fewer placement settings? [national median = 59.9%, 75 <sup>th</sup> Percentile = 65.4%]	64.4%	66.1%	67.2%
<b>Measure C4 - 3) Two or fewer placement settings for children in care for 24+ months.</b> Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 24 months, what percent had two or fewer placement settings? [national median = 33.9%, 75 <sup>th</sup> Percentile = 41.8%]	33.6%	34.7%	35.9%

### Special Footnotes for Composite Measures:

- A. These National Rankings show your State's performance on the Composites compared to the performance of all the other States that were included in the 2004 data. The 2004 data were used for establishing the rankings because that is the year used in calculating the National Standards. The order of ranking goes from 1 to 47 or 51, depending on the measure. For example, "1 of 47" would indicate this State performed higher than all the States in 2004.
- B. In most cases, a high score is preferable on the individual measures. In these cases, you will see the 75<sup>th</sup> percentile listed to indicate that this would be considered a good score. However, in a few instances, a low score is good (shows desirable performance), such as re-entry to foster care. In these cases, the 25<sup>th</sup> percentile is displayed because that is the target direction for which States will want to strive. Of course, in actual calculation of the total composite scores, these "lower are preferable" scores on the individual measures are reversed so that they can be combined with all the individual scores that are scored in a positive direction, where higher scores are preferable.

### Ohio Child and Family Services Review Data Profile: May 8

PERMANENCY PROFILE FIRST-TIME ENTRY COHORT GROUP	Federal FY 2006ab		12-Month Period Ending 03/31/2007 (06b07a)		Federal FY 2007ab	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
<b>I. Number of children entering care for the first time in cohort group</b> (% = 1 <sup>st</sup> time entry of all entering within first 6 months)	4,120	72.4	4,431	73.0	4,195	73.2
<b>II. Most Recent Placement Types</b>						
Pre-Adoptive Homes	27	0.7	25	0.6	31	0.7
Foster Family Homes (Relative)	1,429	34.7	1,443	32.6	1,326	31.6
Foster Family Homes (Non-Relative)	2,007	48.7	2,266	51.1	2,227	53.1
Group Homes	151	3.7	125	2.8	129	3.1
Institutions	299	7.3	327	7.4	343	8.2
Supervised Independent Living	4	0.1	5	0.1	11	0.3
Runaway	79	1.9	76	1.7	38	0.9
Trial Home Visit	108	2.6	112	2.5	40	1.0
Missing Placement Information	16	0.4	52	1.2	50	1.2
Not Applicable (Placement in subsequent yr)	0	0.0	0	0.0	0	0.0
<b>III. Most Recent Permanency Goal</b>						
Reunification	2,858	69.4	2,990	67.5	2,866	68.3
Live with Other Relatives	0	0.0	0	0.0	0	0.0
Adoption	182	4.4	144	3.2	139	3.3
Long-Term Foster Care	139	3.4	126	2.8	93	2.2
Emancipation	28	0.7	43	1.0	39	0.9
Guardianship	0	0.0	0	0.0	0	0.0
Case Plan Goal Not Established	913	22.2	1,125	25.4	1,008	24.0
Missing Goal Information	0	0.0	3	0.1	50	1.2
<b>IV. Number of Placement Settings in Current Episode</b>						
One	2,445	59.3	2,524	57.0	2,388	56.9
Two	1,102	26.7	1,280	28.9	1,208	28.8
Three	391	9.5	391	8.8	375	8.9
Four	103	2.5	113	2.6	110	2.6
Five	50	1.2	50	1.1	41	1.0
Six or more	16	0.4	23	0.5	26	0.6
Missing placement settings	13	0.3	50	1.1	47	1.1

PERMANENCY PROFILE FIRST-TIME ENTRY COHORT GROUP (continued)	Federal FY 2006ab		12-Month Period Ending 03/31/2007 (06b07a)		Federal FY 2007ab	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
<b>V. Reason for Discharge</b>						
Reunification/Relative Placement	1,849	91.7	2,014	91.7	1,765	88.9
Adoption	12	0.6	21	1.0	17	0.9
Guardianship	94	4.7	92	4.2	95	4.8
Other	52	2.6	48	2.2	48	2.4
Unknown (missing discharge reason or N/A)	10	0.5	22	1.0	61	3.1
	<b>Number of Months</b>		<b>Number of Months</b>		<b>Number of Months</b>	
<b>VI. Median Length of Stay in Foster Care</b>	6.8		5.4		not yet determinable	

AFCARS Data Completeness and Quality Information (2% or more is a warning sign):						
	Federal FY 2006ab		12-Month Period Ending 03/31/2007 (06b07a)		Federal FY 2007ab	
	N	As a % of Exits Reported	N	As a % of Exits Reported	N	As a % of Exits Reported
File contains children who appear to have been in care less than 24 hours	100	0.9 %	82	0.7 %	80	0.7 %
File contains children who appear to have exited before they entered	0	0.0 %	0	0.0 %	0	0.0 %
Missing dates of latest removal	0	0.0 %	0	0.0 %	0	0.0 %
File contains "Dropped Cases" between report periods with no indication as to discharge	167	1.5 %	227	2.0 %	505	4.6 %
Missing discharge reasons	29	0.2 %	103	0.9 %	267	2.4 %
	N	As a % of adoption exits	N	As a % of adoption exits	N	As a % of adoption exits
File submitted lacks data on Termination of Parental Rights for finalized adoptions	15	0.9 %	96	5.8 %	70	4.4 %
Foster Care file has different count than Adoption File of (public agency) adoptions (N= adoption count disparity).	61	3.0% more in the unofficial adoption file*	38	2.2% more in the unofficial adoption file*	106	6.2% more in the unofficial adoption file*
	N	Percent of cases in file	N	Percent of cases in file	N	Percent of cases in file
File submitted lacks count of number of placement settings in episode for each child	59	0.4 %	144	0.8 %	211	1.2 %

\* The adoption data comparison was made using the discharge reason of "adoption" from the AFCARS foster care file and an *unofficial* count of adoptions finalized during the period of interest that were "placed by public agency" reported in the AFCARS Adoption files. This *unofficial* count of adoptions is only used for CFSR data quality purposes because adoption counts used for other purposes (e.g. Adoption Incentives awards, Outcomes Report) only cover the federal fiscal year, and include a broader definition of adoption and a different de-duplication methodology.

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**Note: These are CFSR Round One permanency measures. They are intended to be used primarily by States completing Round One Program Improvement Plans, but could also be useful to States in CFSR Round Two in comparing their current performance to that of prior years:**

	Federal FY 2006ab		12-Month Period Ending 03/31/2007 (06b07a)		Federal FY 2007ab	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
<b>IX.</b> Of all children who were reunified with their parents or caretakers at the time of discharge from foster care, what percentage was reunified in less than 12 months from the time of the latest removal for home? (4.1) <b>[Standard: 76.2% or more]</b>	5,658	72.9	5,936	74.2	5,385	73.1
<b>X.</b> Of all children who exited care to a finalized adoption, what percentage exited care in less than 24 months from the time of the latest removal from home? (5.1) <b>[Standard: 32.0% or more]</b>	510	29.9	581	34.9	599	37.4
<b>XI.</b> Of all children served who have been in foster care less than 12 months from the time of the latest removal from home, what percentage have had no more than two placement settings? (6.1) <b>[Standard: 86.7% or more]</b>	11,947	87.0	12,517	86.8	11,933	86.7
<b>XII.</b> Of all children who entered care during the year, what percentage re-entered foster care within 12 months of a prior foster care episode? (4.2) <b>[Standard: 8.6% or less]</b>	1,433	12.3 (72.6% new entry)	1,471	12.3 (73.0% new entry)	1,413	12.4 (72.6% new entry)

#### FOOTNOTES TO DATA ELEMENTS IN THE PERMANENCY PROFILE

<sup>1</sup>The FY 06, 06B07A, and FY 07 counts of children in care at the start of the year exclude 285, 339, and 314 children, respectively. They were excluded to avoid counting them twice. That is, although they were actually in care on the first day, they also qualify as new entries because they left and re-entered again at some point during the same reporting period. To avoid counting them as both "in care on the first day" and "entries," the Children's Bureau selects only the most recent record. That means they get counted as "entries," not "in care on the first day."

<sup>2</sup>We designated the indicator, *17 of the most recent 22 months*, rather than the statutory time frame for initiating termination of parental rights proceedings at *15 of the most 22 months*, since the AFCARS system cannot determine the *date the child is considered to have entered foster care* as defined in the regulation. We used the outside date for determining the *date the child is considered to have entered foster care*, which is 60 days from the actual removal date.

<sup>3</sup>This count only includes case records missing a discharge reason, but which have calculable lengths of stay. Records missing a discharge reason and with non-calculable lengths of stay are included in the cell "Dates are Problematic".

<sup>4</sup>The dates of removal and exit needed to calculate length of stay are problematic. Such problems include: 1) missing data, 2) faulty data (chronologically impossible), 3) a child was in care less than 1 day (length of stay = 0) so the child should not have been reported in foster care file, or 4) child's length of stay would equal 21 years or more. These cases are marked N/A = Not Applicable because no length of stay can legitimately be calculated.

<sup>5</sup>This First-Time Entry Cohort median length of stay was 6.8 in FY 06. This includes 100 children who entered and exited on the same day (who had a zero length of stay). If these children were excluded from the calculation, the median length of stay would still be 6.8.

<sup>6</sup>This First-Time Entry Cohort median length of stay was 5.4 in 06B07A. This includes 82 children who entered and exited on the same day (who had a zero length of stay). If 82 were excluded from the calculation, the median length of stay would be slightly higher at 5.5.

<sup>7</sup>This First-Time Entry Cohort median length of stay is Not Yet Determinable for FY 07. This includes 67 children who entered and exited on the same day (they had a zero length of stay). If these children were excluded, the median length of stay would still be Not Yet Determinable. The designation, Not Yet Determinable occurs when a true length of stay for the cohort cannot be calculated because fewer than 50% of the children have exited.

## **Section III – Narrative Assessment of Child and Family Outcomes**

### **A. Safety**

**Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.**

**Item 1: Timeliness of initiating investigations of reports of child maltreatment.**

#### **Policy**

Ohio Revised Code (ORC) § 5153.16 (A)(1) requires public children services agencies (PCSA) to make an investigation concerning any child alleged to be an abused, neglected, or dependent child. ORC § 2151.421 (F)(1) further stipulates that PCSAs shall investigate, within 24 hours, each report of known or suspected child abuse or child neglect or suspected threat of child abuse or neglect.

Ohio Administrative Code (OAC) rules amplify ORC requirements by requiring the PCSA, upon receipt of an intake referral, to obtain sufficient information from the referent to determine whether presented information constitutes a report of alleged child abuse or neglect and whether it should be screened in for assessment/investigation (OAC 5101:2-34-06, 5101:2-36-01). When referent information indicates that there is an immediate threat of serious harm to the child or there is insufficient information to determine whether or not the child is safe, the PCSA is responsible for attempting “face-to-face” contact with the alleged child victim within one (1) hour from the time the report is screened in to assess child safety and interview the alleged child victim. For all other reports, the PCSA is responsible for commencing an assessment/investigation within 24 hours. Within the 24 hour time frame, the PCSA is responsible for attempting “face-to-face” or telephone contact with a principal of the report or collateral source who has knowledge of the alleged child victim’s current condition and can provide information about the child’s safety. If during the 24 hour period the agency did not attempt “face-to-face” contact with the alleged child victim, “face-to-face” contact shall be made within 72 hours from the time the referral was screened in to assess the child’s safety and interview the alleged child victim (OAC 5101:2-34-32, 5101:2-34-34, 5101:2-36-03, 5101:2-36-08).

#### **Practice**

Both the previous Child and Family Services Review (CFSR) and Ohio’s Child Protection Oversight and Evaluation (CPOE) review identified wide variances in screening practices among Ohio’s counties. As a result, Ohio initiated significant OAC rule revisions regarding screening of child maltreatment by the PCSAs. Under new OAC rules, which are implemented at the time the agency implements CAPMIS, a screening decision has to be made within four (4) hours from receipt of information from a referent to determine whether or not the referral meets acceptance criteria for a report of alleged child abuse or neglect to be assigned for assessment/investigation. Furthermore, upon review of information from the reporting source, caseworkers are required to choose one of four distinct screening categories: child abuse and/or neglect, dependency, family in need of services, or information and/or referral. Each screening category identifies assessment/investigation requirements and time frames linked to each category. New screening guidelines, although not mandated at this time, are used as a desk reference by caseworkers to assist them in making determinations about whether referrals are screened “in” or screened “out”. The screening categories, as well as child maltreatment definitions found in the ORC, were utilized to develop the Screening Guidelines. The use of the above mentioned screening categories and guidelines is intended to increase consistency among PCSAs in making screening decisions. The requirement to make a screening decision within four (4) hours from receipt of the referral of suspected child abuse and/or neglect is also anticipated to emphasize the importance of the screening decision and likewise improve the timeliness of initiating contact with families. The PCSA is mandated to maintain a log of all screened out referrals.

**Casework Practices and Resource Issues**

As previously discussed, screening practices significantly impact CFSR Safety outcomes. A group of eleven representatives from seven counties volunteered to participate on the CFSR Safety Workgroup to examine contributing factors impacting safety. In discussion, one of the identified problems is the lack of understanding of what casework activities constitute “initiation”. Caseworkers may believe they have initiated assessment/investigation activities when indeed they have not, and the opposite may also occur. Another acknowledged contributing factor is practice differences that occur when reports are initiated during non regular work hours. Some counties may implement after hours/rotating “on-call” systems whereby caseworker staff receive child abuse/neglect referrals, make screening decisions, and initiate the assessment/investigation. The caseworker may not be from the intake unit, and may lack extensive knowledge of, and/or experience with, assessment/investigation requirements. Some agency protocols may also determine how initiations are made after hours.

**Regional or County Issues**

Timely report initiation is impacted by population and geographic size of the county. Another noted regional influence, is the population change in certain communities (e.g., increase in Hispanic, Somolian, Russian, and illegal immigrant populations). Lorain County has the largest Hispanic population in the state (7 percent).

PCSAs are implementing new service approaches and addressing communication barriers to serve these populations. In some agencies, this has meant hiring caseworkers and/or supervisors who are bilingual, contracting with new service providers, working with law enforcement and international communities, and publishing agency information in multiple languages.

**Evaluation**

The Program Improvement Plan (PIP) for the previous CFSR established a goal for Ohio to achieve 80 percent compliance in the timeliness of initiating child abuse/neglect investigations. This goal was achieved during the PIP. The CPOE Stage 6 review (January 1, 2005 – December 31, 2007) of 2,531 statewide cases revealed agencies achieved a 98.1 percent compliance level for determining whether referrals constituted reports of alleged child abuse and/or neglect and for determining initiation time frames for assessment/investigations. Further case record review revealed PCSAs complied with required initiation activities at an 87.5 percent compliance level. A FACSIS data run in March 2007 revealed the following statewide compliance level results:

Half Year	Nonemergency reports initiated within 24 hours	Emergency reports initiated within 1 hour
2005 H2	80.85 %	84.77 %
2006 H1	81.04 %	84.82 %
2006 H2	74.35 %	74.81 %

Diminished performance in the second half of 2006 cannot be ascertained at the present time. Data stratification by county population size groupings reveal county population size directly impacts—often negatively—timely report initiation and/or FACSIS data entry. The following table reflects level of compliance by county size groupings.

County Size	Nonemergency reports initiated within 24 hours	Emergency reports initiated within 1 hour
Small (39,999 and less)	91.45 %	88.57 %
Medium-Small (40,000-49,000)	94.95 %	92.16 %
Medium (50,000-99,999)	86.56 %	91.22 %

County Size	Nonemergency reports initiated within 24 hours	Emergency reports initiated within 1 hour
Large (100,000-199,999)	83.02 %	88.46 %
Metro (200,000-799,999)	73.18 %	86.98%
Major Metro (800,000+)	81.76 %	80.71 %

\*\* FACSIS data from March 1, 2007; reflects the first half of 2006.

### **Factors Affecting State Performance, Safety Profile Elements XIII and IX**

Recent results (May 8, 2008 *Ohio Child and Family Services Review Data Profile*) revealed that in both FFY 2006 and the 12-month period ending March 31, 2007 the median statewide time to investigation in hours was less than 24 hours. OAC rules require assessment/investigations to be initiated no later than 24 hours from screening in the referral. The statewide mean time to initiate investigations in hours for the 12-month period ending March 31, 2007 was 28.6 hours, thus demonstrating a slight improvement from Fiscal Year 06 which was at 29.2 hours. This mean time is slightly over the mandated 24 hour time frame to initiate an assessment/investigation. These findings are also consistent with Child Protection Oversight and Evaluation (CPOE) Stage 6 results. Regardless of where the abuse or neglect occurs, whether in a child's own home or in an out-of-home care setting, upon CAPMIS roll out, PCSAs are required to make screening decisions within four hours of receiving information from the referent. Initiation time frames of 1 hour or 24 hours are triggered from the time the referral was screened in as a report for assessment/investigation.

Until all counties are fully implementing CAPMIS and SACWIS, data on the effectiveness of the new screening categories, the Screening Guidelines, and their impact on timeliness of initiation of assessments/investigations will not be available.

### **Factors Affecting the Rate of Substantiated versus Unsubstantiated Reports**

PCSAs are mandated to make dispositions for all screened in reports for assessment/investigations (OAC 5101:2-34-32, 5101:2-36-02). Report disposition is defined as the determination of whether the report of abuse or neglect has occurred or is occurring specific to the alleged child victim and include the following: substantiated; indicated; unsubstantiated; unable to locate; family moved – unable to complete assessment/investigation; and family moved out of county – unable to complete assessment/investigation (OAC 5101:2-1-01.1). Due to the lack of clarity on the specific definitions of substantiated, indicated, and unsubstantiated, there are variances on how individual agencies disposition reports of abuse and/or neglect. Furthermore, the criteria agencies use to make the disposition can vary. Some make the disposition based upon the referral information (e.g., substantiated – the child was spanked) while other agencies make the disposition based upon whether the incident meets the definition of abuse and/or neglect as specified in the ORC (e.g., unsubstantiated – the child was spanked as a form of corporal punishment with no harm/injury occurring).

### **Strengths and Promising Approaches**

Initiatives that have been developed and implemented in response to findings of the previous CFSR and CPOE Stage 5 reviews are expected to have a positive impact on Ohio's future success in delivering responsive child protection services. These initiatives include:

- New Screening Guidelines.
- The CAPMIS safety and risk assessment protocols.
- Revised OAC rules to support new screening practices and application of the CAPMIS model.

Statewide CAPMIS/SACWIS implementation is anticipated to significantly impact Ohio's success in timely initiating child maltreatment assessment/investigation activities. Increased focus on safety, more consistent screening practices, and standardized SACWIS data entry procedures are anticipated to address the problem areas identified in Ohio's previous PIP.

ODJFS is also engaged in a collaborative effort with the Supreme Court of Ohio to pilot an Alternative Response model. This initiative is a direct result of a statewide study to determine if Ohio's statutory guidelines for investigating and prosecuting child abuse and neglect cases properly serve children and families in need of government intervention.

County agencies are enthusiastic about the upcoming pilot and planned revisions to the ORC, including creation of "Child in Needs of Protective Services" category to replace the current child maltreatment definitions. Both of these efforts are anticipated to provide PCSAs with opportunities to engage families differently (i.e., initiation of reports) and offer additional service supports while utilizing traditional investigation strategies as needed for targeted, and perhaps more appropriate, cases.

### **Barriers**

With the implementation of CAPMIS, SACWIS, OAC revisions, Screening Guidelines, and the Alternative Response pilot, PCSAs expressed frustration with the level of change required at the local level within a relatively short time period. The staffing commitment by PCSAs involved in the development and subsequent pilot and implementation of these initiatives is immense. Many PCSAs report considerable overtime hours are required, especially during the first few months of the PCSA's CAPMIS/SACWIS "roll out".

## Item 2: Repeat maltreatment.

### Policy

ORC § 2151.421 (I) and ORC § 5153.16 requires PCSAs to provide protective services and emergency supportive services to children and families who were the subject of a report of child abuse or child neglect in an effort to prevent further abuse or neglect, to enhance the child's welfare, and whenever possible preserve the family unit intact. The focus of PCSA intervention is to reduce the risk to the child and continually assess safety throughout the agency's ongoing involvement with the child and family.

Upon CAPMIS implementation, PCSAs are required to:

- Complete a Safety Assessment within four working days from the date the referral was screened in as a child abuse and/or neglect report for all intra-familial child abuse and/or neglect reports. The rule also mandates that any time the PCSA determines a child to be in immediate danger of serious harm, the PCSA shall follow safety planning procedures (OAC 5101:2-37-01). When a determination is made that the family cannot manage active safety threats and the family is unable or unwilling to participate in a Safety Plan, the PCSA completes a Safety Assessment or Safety Re-Assessment while pursuing removal of the child from his own home.
- Assess the presence of safety threats, the vulnerability of the child, the protective capacities of the parent, guardian, or custodian, and the family's history of child abuse and/or neglect resulting in serious harm to determine the degree of intervention necessary to control safety threats and protect the child. The CAPMIS safety planning protocol not only strengthens the safety planning process, it also increases the frequency of required face-to-face contacts when safety plans are active. Thus, closely monitoring children most at risk for incidents of repeat maltreatment.
- Complete a Family Assessment, which includes an actuarial risk assessment tool. The *Family Risk Assessment of Abuse/Neglect* contained within the CAPMIS Family Assessment tool is designed to classify families based upon their likelihood to maltreat or re-maltreat their children in the future. Although the scales do not predict recurrence, they do estimate how likely it is that families with similar characteristics will have another abuse/neglect incident if no intervention is provided. The Family Assessment is also used to identify service needs of families that will receive ongoing child protective services.
- Prepare a Case Plan for a child receiving ongoing services and review the case plan every 90 days by completing a Case Review. The purpose of the Case Review is to ensure continued efforts are being made to: assess child safety; evaluate whether risk to the child has been lowered or increased; evaluate the effectiveness of supportive services offered and provided to the child, the parent, guardian, custodian, or pre-finalized adoptive parent, or substitute caregiver; identify barriers to service provision, prevent placement, whenever possible; and assist in reunifying the child with the parent, guardian, or custodian or establish a permanent placement for the child (OAC 5101:2-38-09). It should be noted that these activities were required prior to CAPMIS; however, CAPMIS implementation increased the frequency and timeframes for formal case plan reviews from every six months to every 90 days.
- Use the Ongoing Case Assessment Investigation Tool (OCAIT) to assess and document new reports on open protective services cases. New allegations received on families receiving agency services are screened in or out using the same guidelines and criteria used for referrals on families not currently involved with the agency. The OCAIT provides a thorough and comprehensive assessment of the family's dynamics in order to identify changes in their service needs without requiring the worker to redundantly assess all of the same factors and elements used to assess families new to the agency. The OCAIT takes into account that the agency has more in-depth knowledge of the family's strengths and needs. Agency staff involved in developing the OCAIT suggested redundancy in conducting assessment activities (i.e., another full family assessment tool) for ongoing cases did not

may have contributed to reluctance in screening in new reports on open cases as opposed to addressing concerns through regular case contacts.

## **Practice**

CAPMIS implementation is expected to reduce the occurrence of repeat child maltreatment in Ohio, and early evidence from the pilot has shown that it does just that. CAPMIS' actuarial risk assessment component better assists caseworkers in identifying which families are in need of ongoing intervention services. The four pilot CAPMIS counties – Greene, Hancock, Lorain, and Muskingum – have shown a reduction in repeat maltreatment occurrences since implementing CAPMIS. However, the full impact of the new system will not be known until all 88 PCSAs have fully implemented it.

During SACWIS design and development, there was some discussion about including a field to capture the "incident date" (when something actually occurred) as well as the "report date" (when the agency receives the report). It was thought that using an incident date would allow agencies to identify when referrals were actually new incidents of maltreatment versus disclosure of old information; however, agencies did not want the incident date to be a required field in SACWIS. Because the field would be inconsistently used, or could be used to document "estimated" dates, it was decided that the field would not provide reliable data and it was not included in the system's design.

For monitoring purposes repeat maltreatment is based on identifying the number of indicated or substantiated reports that have a subsequent indicated or substantiated report within six months of the first report.

## **Casework Practices and Resource Issues**

Caseworker turnover (16 percent statewide average in 2006) at the local level continues to be a factor impacting performance results for the absence of maltreatment measure. Continued staff turnover presents challenges (particularly in smaller agencies where turnover rates averaged between 21-23 percent in 2006) related to training needs and experience levels of staff delivering services to at-risk children and families involved with the child welfare system.

Families receiving services from the PCSA may also find themselves working with a different caseworker in the event of a subsequent child maltreatment report. Since worker assignment is determined by internal agency policy or procedure, there are some agencies that will assign an intake worker to complete an assessment/investigation on a new report, while others will have the family's ongoing worker complete it.

While many accomplishments have been made to improve Ohio service delivery, resource differences across PCSA communities continue to exist. A contributor to the continued disparate availability of services may be the result of how economically sound a particular county is, as this impacts the service continuum within a particular county, specifically mental health and substance abuse treatment, which are often dependent on local levies. Similarly, child welfare funding varies from county to county and is impacted by the existence or non existence of a child welfare levy. If services are not available or delayed, the lack of services could contribute to the recurrence of maltreatment of children. As metropolitan and major metropolitan PCSAs often have the greatest service array in their respective communities, it is interesting to note these agencies have not consistently met the national maltreatment performance measure. These results would indicate other factors, aside from service availability, impact repeat maltreatment.

CPOE 6 reviews reveal other factors, such as difficulty engaging families in services, lack of family centered and "in home" service options, limited transportation alternatives, and inadequate placement and relative support services are impacting the repeat maltreatment measure. Difficulties with serving families who struggle with domestic violence and substance abuse are also common. In discussions with PCSAs during the "non conformity" aspect of CPOE Stage 6, some PCSA staff suggested service delivery is also hampered by complicated eligibility criteria and multiple funding streams. Finally, some reviews evidenced short term/basic needs casework approaches rather than caseworkers who were comfortable assessing underlying family conditions, and knowledgeable of their role in helping families achieve child welfare outcomes.

Feedback from the OHIO Youth Advisory Board (consisting of former foster care alumni) reveals turnover rates in supportive service providers (such as therapists), lack of in-home/community based mental health services, and lack of community support groups are negatively impacting Ohio's child welfare system.

### Regional or County Issues

As a result of Ohio's service delivery structure, variances exist from county to county regarding the interpretation of state policy on screening referrals; initiating reports of child maltreatment; and interpreting the statutory definitions of child abuse, neglect and dependency. The interpretation of what is maltreatment impacts repeat maltreatment data, for county practices vary in regard to accepting subsequent referrals of alleged child maltreatment on open child protective services cases. The practice of not assigning a report for an assessment/investigation if there is already an open protective services case on the child was a deficit noted in the *Ohio Child and Family Services Review Final Report* dated January 2003. This practice has not been eliminated in all counties, which may have an impact on data accuracy.

### Evaluation

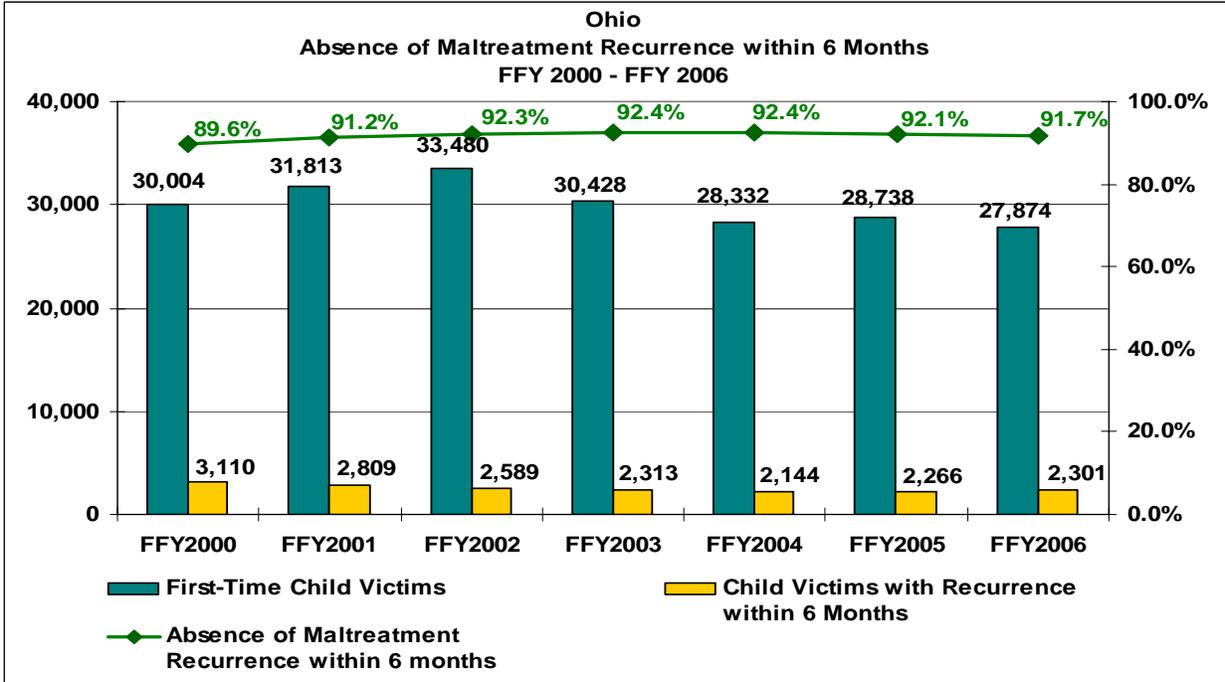
Ohio met the PIP goal of 7.3 percent in Fiscal Year 2006ab, as reported in the May 8, 2008 *Ohio Child and Family Services Review Data Profile*. Upon review of FACSIS data from 2000 through 2006, Ohio has hovered between 8.96 percent - 6.95 percent, as evidenced by the following information.

#### Six Month Recurrence of Maltreatment

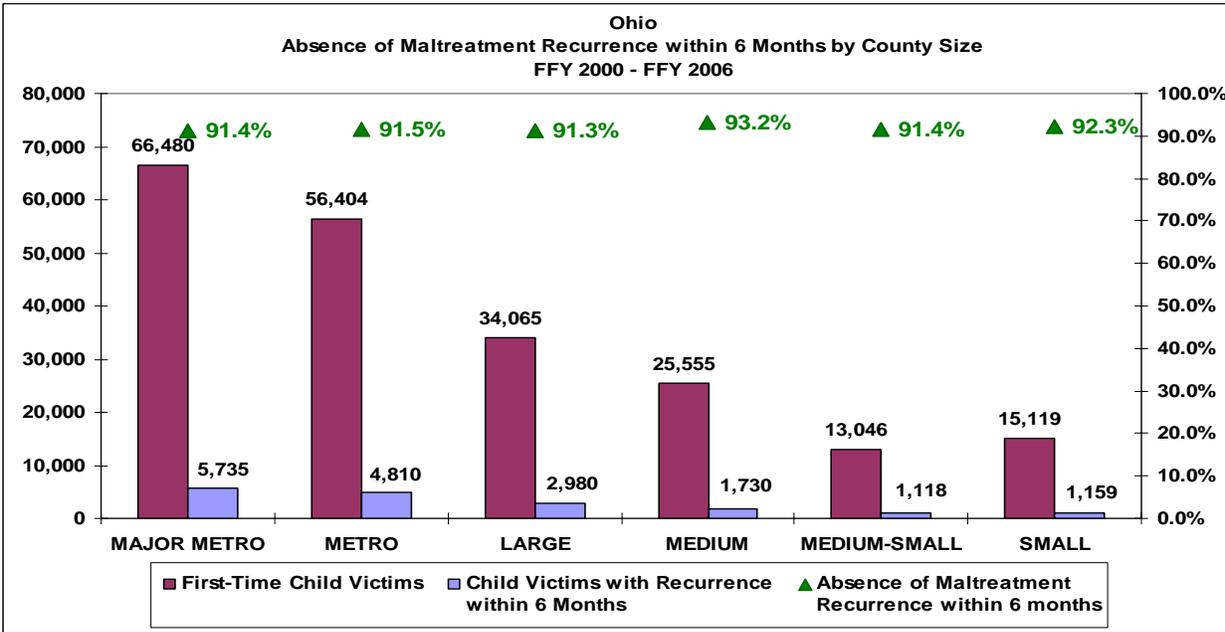
Semi-year	Substantiated/Indicated Victims with 6 month recurrence	Substantiated/Indicated Victims with 6 month recurrence
2003 H1	1,949	8.20%
2003 H2	1,644	7.87%
2004 H1	1,685	7.88%
2004 H2	1,408	7.01%
2005 H1	1,489	7.13%
2005 H2	1,345	6.95%
2006 H1	1,477	7.27%

*\*Based on 03/01/07 FACSIS Data*

Further examination of FACSIS data revealed that in FFY 2006, 91.7 percent of Ohio's first-time child victims did not have another incident of maltreatment within 6 months. Ohio made significant progress in improving its absence of recurrence rate, from 89.6 percent in FFY 2000 to 92.4 percent in FFY 2003 and FFY 2004. In addition to this rate declining slightly in FFY 2006, the number of first-time child victims (27,874) during this time period was at its lowest level in seven years. The following chart depicts these findings.



From FFY 2000 through FFY 2006, the medium (93.2%) and small (92.3%) counties in Ohio had better absence of recurrence rates within 6 months than the medium-small (91.4%), large (91.3%), metro (91.5%), and major metro (91.4%) counties. This information is depicted in the following chart.



In Ohio, from FFY 2000 through FFY 2006, older first-time child victims were more likely to have an absence of maltreatment recurrence than younger children (excluding newborns).

**Factors Affecting State Performance, Safety Data Profile Elements VI and XI**

The 2<sup>nd</sup> round of the CFSR established the National Standard for Recurrence at a 94.6 percent compliance level or above. The May 8, 2008 *Ohio Child and Family Services Review Data Profile*

reported that Ohio was at a 93.5 percent compliance level for the 12 month period ending March 31, 2007. Thus, improvements continue as evidenced by a 92.7 percent compliance level reported for Fiscal Year 2006ab.

Child safety is focused throughout CAPMIS implementation. The application of CAPMIS impacts practice at the line level. The use of the Screening Guidelines by the four (4) CAPMIS pilot PCSAs has brought some consistency to referral screenings. Additional analysis/evaluation is needed to determine how effective these two initiatives will be in helping Ohio PCSAs achieve the National Standard. OAC rules and policy revisions were implemented to support these initiatives.

It should be noted that during the course of work with children and families they may disclose prior incidents of child abuse and neglect. State policy requires PCSAs to initiate child abuse and neglect assessments/investigations upon acceptance of a report of alleged child abuse and neglect regardless of when the incident occurred. Because incident dates are not recorded, Ohio is unable to determine if children identified in the May 8, 2008 *Ohio Child and Family Services Review Data Profile, XI (Children Maltreated by Parents while in Foster Care)* were actually abused/neglected while the child was in care or if the report was based on prior abuse/neglect incidents.

### **System for Tracking and Analyzing Repeat Maltreatment**

ODJFS collects data regarding repeat maltreatment via FACSIS and SACWIS. FACSIS/SACWIS data is reliant on PCSAs entering and transmitting accurate data. The State also monitors each PCSA through the CPOE quality assurance process. Repeat maltreatment is an element that is assessed via CPOE Reviews.

### **Strengths and Promising Approaches**

Since the 2002 CFSR Statewide Assessment, Ohio's child welfare service delivery system has seen many changes. A number of initiatives undertaken by ODJFS have been developed with the intent of overall system improvement versus addressing individual performance outcomes specifically. As a result, different aspects of several approaches were identified as strategies across multiple items. The components of screening, CAPMIS, CPOE and Alternative Response that impact recurrence of child maltreatment, and how they do so, are listed below:

1. Screening Guidelines: In addition to addressing issues with timeliness of initiation, the Screening Guidelines were implemented as a means of moving toward statewide consistency in categorizing and screening referrals alleging child abuse, neglect and/or dependency on new and ongoing cases.
2. CAPMIS OCAIT: This tool was specifically developed to assess/investigate subsequent reports of alleged child maltreatment on open child protective services cases. The OCAIT eliminates the redundancy inherent in using the full family assessment to document the assessment/investigation, and may increase workers' willingness to accurately screen new referrals as such.
3. CAPMIS Safety Planning Requirements: By increasing the frequency of required face-to-face contacts when safety plans are active, children at higher risk of re-maltreatment are more closely monitored.
4. CPOE Stage 6 Quality Improvement Plans (QIP): During CPOE Stage 6, PCSAs that did not achieve the National Standard for Absence of Child Maltreatment were required to develop QIPs. Ongoing monitoring of compliance with QIP action steps and benchmarks occurs one year following QIP approval. Some of the strategies PCSAs used include the following:
  - Additional training for intake caseworkers on definitions of child abuse and neglect; on duplicate referral guidelines and on OAC rules as well as forensic interviewing skills;
  - Administrative team reviews of safety and family assessments on any cases with recurrence of maltreatment;
  - Supervisory review of any cases of recurring maltreatment to determine if any preventative measures could or should have been taken;

- Supervisory monitoring of documentation and details of old cases in order to factor prior details into current case planning and direction;
  - Administrative monitoring and tracking patterns of recidivism to increase agency effectiveness;
  - Increased collaboration with community service providers to strengthen local service delivery options;
  - Aggressive casework hiring and foster parent recruitment campaigns;
  - Re-alignment of supervisory and/or Intake staffing positions;
  - Increased collaboration with prosecutors and law enforcement during the assessment/ investigation process including the development of advocacy centers in some communities;
  - Modified procedures for assessing potential relative caregivers when placement is required.
5. Alternative Response: The Alternative Response project focuses on family engagement and provides agencies with more flexibility in serving families coming to the attention of the CPS system. This approach will undoubtedly impact client satisfaction and their willingness to work with agencies to keep their children safe. Ohio's decision to pilot Alternative Response was heavily influenced by the experiences of other states which have had positive outcomes, including reduced incidents of repeat maltreatment.

### **Barriers**

Although OAC rules for screening are to be implemented at the same time an agency chooses to implement CAPMIS, the information system (FACSIS) being used by counties not live with SACWIS does not support the new screening categories. As a result, the impact of the new screening categories – and the standardization provided by them – cannot be fully realized until each agency implements SACWIS. As noted previously, there are still nine (9) counties in Ohio that have not yet implemented SACWIS. When all PCSAs are entering information in SACWIS statewide data will be available on repeat maltreatment.

**Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.**

**Item 3: Services to family to protect child (ren) in the home and prevent removal or reentry into foster care.**

**Policy**

A Case Plan is developed and supportive services are provided when any of the following exists: the child's parent, guardian, or custodian requests services and the PCSA determines services can be provided; the assessment/investigation activities indicate the need for services; the court orders protective supervision; or the child is placed in a substitute care placement (OAC 5101:2-39-07, 5101:2-40-02).

Services outlined in the case plan are regularly re-examined via 90-day Case Reviews and Semiannual Administrative Reviews (SAR) (OAC 5101:2-38-09, 5101:2-42-43, 5101:2-38-10). Through these processes, continued efforts are made to: assess child safety; evaluate changes in overall risk to the child; evaluate the effectiveness of supportive services provided to the child, his parent, guardian, custodian, pre-finalized adoptive parent, or substitute caregiver; identify barriers to service provision; prevent placement, whenever possible, of the child in out-of-home care; and assist in reunifying the child with the parent, guardian, or custodian, or establish a permanent placement for the child.

Additional information on service provision is included in Item 35, Array of Services; and Item 36, Accessibility of Services.

**Practice**

During PIP implementation, Ohio established a goal of strengthening caseworkers' skills in: assessment of safety and risk; improved identification of family services; and conducting a thorough review of services provided to family members. Ohio accomplished this through designing a comprehensive process for assessing safety and risk of harm to children; and planning for and reviewing services. This new approach and model of assessment was called Family Assessment and Planning Model (FAPM) and later revised and renamed CAPMIS. Both FAPM and CAPMIS focus on the assessment of safety and risk while requiring frequent re-assessments of the family, as well as services being provided.

Hancock, Lorain, Greene, and Muskingum PCSAs were selected and trained in October 2003 to pilot FAPM. ODJFS analyzed baseline data on recurrence and foster care re-entries and frequency in case plan amendments beginning in December 2003 and monthly thereafter. In June 2004, an evaluation was conducted by the Child Welfare Institute (CWI). In addition to providing information on incidents of repeat maltreatment prior to and following the FAPM pilot implementation, the evaluation also assessed whether caseworkers were appropriately identifying and providing services to children and families. Following the evaluation, ODJFS redesigned FAPM to include an actuarial risk assessment, resulting in the creation of CAPMIS in August 2004. ODJFS integrated CAPMIS into SACWIS whose design commenced in September 2004. Greene, Hancock, Lorain, and Muskingum PCSAs piloted CAPMIS from May 2005 through June 2006. ODJFS analyzed baseline data on repeat maltreatment and foster care re-entry for each of the pilot counties starting May 2005 and was captured monthly thereafter for each county. An evaluation of the use of CAPMIS and the impact the model has on recurrence and foster care re-entry rates continues to be conducted by The Ohio State University.

Beginning in January 2007, Ohio began statewide implementation of CAPMIS via the rolling implementation of SACWIS. Until all counties are fully implementing SACWIS, Ohio will not have statewide data to determine if CAPMIS assists caseworkers in appropriately identifying services needed to prevent removal and further risk of harm to the child.

### **Casework Practices and Resource Issues**

Prior to placing children with relatives or non-relative substitute caregivers, PCSAs are required to follow specific procedures and to provide documentation of their efforts. Some of the requirements include: collecting identifying information on the prospective caregiver and others residing within the home; checking the child abuse/neglect records for all persons residing in the home; assessing the safety of the home; informing the prospective caregiver with known information regarding educational, medical, child care, and special needs of the child including information on how to access support services to meet the needs of the child; assessing the prospective caregiver's ability and willingness to provide care and supervision; and initiating a criminal background check on the prospective caregiver and all adults residing within the home with the Bureau of Criminal Identification and Investigation (BCII).

PCSAs and juvenile court systems vary in services and approaches to case management when the child is placed with a relative. This variance does not provide consistent service provision and may impact a child's re-entry rates when placed with a relative. CPOE Stage 6 reviews also revealed relative caregivers sometimes did not understand or appreciate the level of involvement required with the child welfare system when children were placed in their care. In discussing contributing factors with PCSAs during CPOE Stage 6, it was common for staff and case reviews to reveal relatives often underestimated the prolonged difficulty they would encounter in helping family members achieve case plan goals.

The CFRS Safety Workgroup, comprised of county practitioners, provided input on utilization of Family Team Meetings (FTM) to prevent removal of children from their homes. This is the primary strategy being implemented and evaluated across all eighteen ProtectOHIO (Title IV-E Waiver Demonstration) counties. FTM are often held as part of safety planning and the process brings together immediate family members, social service professionals, and other important support resources (e.g., friends, extended family) to jointly plan for and make crucial decisions regarding a child at risk of placement. An independent, trained facilitator in each county arranges and supports the FTM. The workgroup also stated the use of multi-disciplinary teams, including wrap-around service approaches, may prevent removal of children from their homes.

### **Regional or County Issues**

#### **Local Snapshots**

Hamilton CDJFS strengthened partnerships with the local mental health/substance abuse board to improve and monitor service access for child welfare families. In addition, Hamilton CDJFS developed an internal Utilization Review unit that works very closely with service providers and caseworkers to ensure families receive effective and timely services.

#### **Evaluation**

##### **Factors Affecting Performance on Safety Data Profile, Elements III and IV**

Over the past three years there has been a steady increase in the percent of cases opened for post-investigation services as reflected in the following table. Through the use and monitoring of Safety Plans, initiated during the assessment/investigation, there may have been some recognition that without the involvement and provision of on-going services safety of the child could not be assured by the parent or other parties involved in the Safety Plan.

III. Child Cases Open for Services	FFY 2004ab	FFY 2005ab	FFY 2006ab	12-Month Period Ending 3/31/07 (06b07a)
	%	%	%	%
	26.9	27.0	28.9	35.4

While there was an increase in the number of open cases, there was not a significant increase in the percentage of children entering care as evidenced below.

IV. Child Victims Entering Care Based on CA/N Reports	FFY 2004ab	FFY 2005ab	FFY 2006ab	12-Month Period Ending 3/31/07 (06b07a)
	%	%	%	%
	15.3	15.0	15.7	15.5

Again, additional analysis is needed to determine the causal factors impacting these results. Many communities are aggressively investing in recruitment activities as the supply of local and quality placement alternatives is inadequate. These results may also be attributed to enactment of a Safety Plan and provision of intensive in-home services such as family preservation and wraparound service approaches. Additionally, as previously noted, if a child cannot be safely maintained in his own home the first option PCSAs shall explore is locating a relative or kin placement prior to placing the child in a substitute care setting.

### Strengths and Promising Approaches

CAPMIS supports the implementation of quick and effective services. While the reassessments of risk and safety throughout the continuum aides in identifying changes to family dynamics in order to prevent removal of a child from his/her own home, the increased frequency of service reviews provides caseworkers with regular opportunities to monitor and address changing service needs. The identification of supportive services for relative caregivers or for the child and family at the time of reunification, assists in maintaining the placement of children, creating stability and permanency.

Significant work with local service providers to share accountability for child welfare goals and outcomes is another promising approach. The Ohio Association of Child Caring Agencies (OACCA) has been working with approximately 14 service providers to pilot an outcome tracking and monitoring system to improve service responsiveness over time (online information is available at e mail: <http://www.outcomesdatapoint.com>). The system includes measures for engaging families in services as well as an after care component that assesses re-entry rates for children six to twelve months after reunification.

As noted in the local snapshots sections of this Assessment, some communities benefit from significant local financial support and shared partnerships/collaborations with sister agencies (e.g., mental health, substance abuse, MR/DD boards). These communities offer significant placement prevention services (such as family preservation, wraparound, family functional therapy, financial support and child care for relative caregivers). The increase in Family Team meetings and neighborhood based service approaches are also proving helpful in some communities.

As mentioned in the Agency Background section, Ohio PCSAs are diligently working to maintain and/or achieve Council on Accreditation (COA) certification. At this time, 20 Ohio PCSAs are accredited and 4 additional PCSAs are currently in the accreditation process. As COA accreditation assists agencies in striving for optimal case load levels, increases available and required caseworker training, provides additional

guidelines for monitoring performance, provides standards for caseworker social work educational requirements, and includes caseworker retention strategies, it is hoped such critical components will positively impact Ohio's CFSR outcome performance.

### **Barriers**

As SACWIS implementation is very young in Ohio, consistent statewide data on service timeliness and availability are currently lacking. While service barriers are captured on case plan documents and sometimes summarized in PCSA dictation and discussion, additional analysis is needed to differentiate whether CFSR outcome causal factors are attributed more to service array, delays, and/or quality issues. In the CPOE 6 Review process, lack of service availability was sometimes identified as a non conformity factor impacting safety outcome results. The CFSR Safety Workgroup also identified service delays as a contributing factor impacting a family's ability to achieve case plan goals. Feedback from the Ohio Youth Advisory Board indicates additional in home mental health services are needed in Ohio.

The CFSR Safety Workgroup identified differences in supportive services and case management for children in relative placements across Ohio is also a barrier. Some PCSAs close a case and terminate services upon placing a child with a relative or kin while other agencies provide ongoing services (including financial stipends, day care, and other resources) to the caregivers for three to six months. Providing supportive services until the relative can effectively meet the child's needs is significant in promoting placement stability. Currently, there is no policy requirement to provide supportive services to relative placements for a specified time period. PCSAs not meeting the Foster Care Re-entry National Standard also identified the need for post custody supportive services to relative/kin placements, and/or to routinely maintain an open case with families for a minimum of three months after the child's placement, and/or develop diversion programs with the local juvenile court to address the increased use of foster care for unruly/delinquent children.

#### **Item 4: Risk assessment and safety management.**

##### **Policy**

In 1998, Ohio developed and implemented The *Family Decision Making Model* (OAC 5101:2-34-37) to comply with the requirements of ORC § 5153.16. The statute was amended in 2005 to require implementation of safety and risk assessment systems in accordance with rules adopted by ODJFS. As a result CAPMIS, which promotes a comprehensive assessment of safety and risk, replaced the *Family Decision Making Model*.

To implement CAPMIS, ODJFS issued rules (OAC 5101:2-37-01, 5101:2-37-02, 5101:2-37-03, 5101:2-37-04) requiring PCSAs to use the nine CAPMIS tools to guide assessment and intervention activities for families involved with Ohio's child protection system. PCSAs are required to follow CAPMIS rules upon CAPMIS implementation. As a result, OAC rules and policies supporting two assessment models (Family Decision Making Model and CAPMIS) were concurrently effective.

##### **Practice**

The previous CFSR and Ohio's CPOE review identified Ohio's existing risk assessment system was cumbersome to use and did not sufficiently identify child safety issues. In addition, the previous assessment system required caseworkers to review case plans only once every six months. The CAPMIS 90-day Case Review includes safety and risk re-assessments, which continually focuses caseworkers on the family dynamics and issues that impact safety and risk as opposed to only looking at case plan compliance and progress.

Provision of supportive services is based upon the PCSA's assessment of safety and risk to the child and is available during all of the following: (1) the safety planning process; (2) the assessment/investigation process; (3) the supervision of a child in his own home without court order; (4) the protective supervision of a child as ordered by the court; (5) the child's substitute care placement; and (6) the period immediately following reunification of the child, as appropriate (OAC rule 5101:2-39-07, 5101:2-40-02).

Previously, there was no assessment tool designed to assess a family's reunification readiness. The addition of the Reunification Assessment Tool in CAPMIS emphasizes a re-assessment of safety and risk, family strengths and protective capacities, and service needs at the time of reunification. The expected result is more involvement of the family in understanding and preparing for reunification, as well as better identification of potential resources and supportive service needs.

#### **Changes in Performance and Practice**

It is important to note, a separate safety assessment protocol was developed and implemented within CAPMIS. This is a PIP benchmark Ohio has met since 2003.

Ohio has moved toward a focus on child safety while continuing to assess risk. The Safety Assessment is designed to influence casework practice by incorporating multiple dimensions of safety (risk, threats of harm, history of maltreatment, protective capacities, child vulnerability, caseworker observations, and family strengths) in the investigation/assessment process for every child abuse, neglect, dependency report. ODJFS also issued rules mandating the use of the Safety Assessment and requiring the assessment of safety throughout the life of a child protective services case. This is done in conjunction with assessing the likelihood of future maltreatment via incorporation of the actuarial risk assessment tool. The formalization of the safety assessment process has been a significant practice change in Ohio. PCSAs have largely embraced CAPMIS, as well as the Safety Assessment component, but caseworkers and supervisors are still learning to review, document, and assess all of the components to fully implement consistent case planning decisions.

## **Evaluation**

During the CPOE Stage 6 Review cycle, PCSAs were required to complete the Family Decision Making Model for all intra-familial child abuse and neglect cases. Of the 2,531 assessment/investigation cases reviewed in 84 counties, overall compliance with completion of the Family Decision Making Model was at a 92.1 percent compliance level. CPOE Stage 7 includes an on-site technical assistance CAPMIS review component with all of the PCSAs.

### **Factors Affecting State Performance on Safety Data Profile, Elements VII and XIII** **(Absence of maltreatment in foster care)**

Factors contributing to abuse and neglect in foster care identified in the CPOE Stage 6 reviews include:

- Inappropriate matching of a child with a foster caregiver;
- Insufficient support of the foster caregiver on an on-going basis once the child is placed in the home (e.g., provision of respite care);
- Failure to monitor the placement setting on an on-going basis;
- Inappropriate forms of physical restraints in Children's Residential Settings which, in turn, led to physical abuse of the child;
- Inadequate supply of available foster homes;
- Additional abuse/neglect disclosures of prior events after a child is placed in foster care.

It should also be noted, the prior *Family Decision Making Model* did not address out-of-home care child abuse and neglect. Recognizing this deficit, the CAPMIS Tools now address evaluation of safety threats and safety responses in out-of-home care settings. The Specialized Assessment and Investigation Tool requires caseworkers to describe: any signs of present danger (safety factors) identified during the investigation; any historical information contributing to present danger for the child; any child vulnerability contributing to child safety; the protective capacities of the substitute caregiver; and the strengths and resources the out-of-home care setting or substitute caregiver has to reduce, control and/or prevent threats of serious harm. Additionally, caseworkers must indicate if the removal of the child from the substitute care setting was necessary to control any identified safety threats and if the child was removed from the setting, indicate whether the child's vulnerability was considered when identifying a new placement.

### **Incidence of Children in Foster Care Maltreated by a Parent, Safety Data Profile, Element XI**

PCSAs are not required to record the incident date in SACWIS. As a result, data results do not accurately reflect when the incident occurred. Therefore the report date would be when the agency commenced an assessment/investigation of the incident (e.g., child disclosed prior abuse by parent to foster parent while in care). As indicated in the non conformity contributors description, this practice inflates statewide numbers of actual repeat maltreatment incidents of children in foster care.

### **Incidence of Child Fatalities due to Maltreatment**

Ohio has two types of child fatality reviews. One is the statutorily mandated Child Fatality Review (CFR) Board (ORC §307.621). Each county in Ohio must establish or join a regional CFR Board for the purpose of reviewing the deaths of children residing in that county.

A fatality review process specifically designed to assess child welfare practice issues has been conducted by ODJFS since 1991. Review procedures were revised in 2004. The process includes a case record review to determine any rule violations as well as an on-site technical assistance component to assist PCSAs and the state in understanding how to improve services and enhance child safety. Because these reviews are case-specific, technical assistance is targeted to case management, services, etc. provided

to the applicable child and family. Aggregate data on identified issues from the fatality case reviews is not maintained by ODJFS.

### **Strengths and Promising Approaches**

Although Ohio demonstrated significant performance improvement during the PIP quarterly reporting period and met the PIP maltreatment goal at that time, more recent performance data (FY 2006) suggests Ohio has yet to consistently achieve the Absence of Maltreatment National Standard. Early evaluation of CAPMIS pilot sites indicates the model is helping caseworkers standardize decision making and assessment skills when determining family service needs. It is hoped the CAPMIS model will ensure more rigorous review of safety threats, family strengths/resources, and help caseworkers implement effective interventions to help families achieve safety, well-being and permanency outcomes.

PCSA caseworkers were trained statewide on CAPMIS, and PCSAs have begun using the model to intervene and assess families brought to their attention. ODJFS conducted statewide overviews on the Screening Guidelines to all PCSAs during the first quarter of 2007. SACWIS requires approaching the documentation of the casework processes differently, and for some agencies, the move to automation is completely new. The documentation of all work functions in SACWIS is monumental for Ohio. Additionally, the move to CAPMIS, which features a focus on safety and includes an actuarial risk assessment, is a new approach requiring caseworkers to consider multiple factors, discipline themselves when documenting and assessing decisions, and take additional time when developing service approaches with families.

As previously mentioned, the Screening Guidelines were developed and implemented to strengthen screening practices of alleged child abuse, neglect, dependency referrals. In addition, a specific CAPMIS tool (Ongoing Case Assessment Investigation Tool) was implemented to standardize the process for conducting assessment/investigation activities on "open" child protection cases.

Specific PCSA non-conformity factors contributing to recurrence of child maltreatment were explored with every agency during the CPOE 6 review process. Many PCSAs developed QIP strategies to improve local performance including: regular reviews of trends/patterns contributing to maltreatment recurrence, additional service pilots to strengthen foster care and in-home parenting/support services, geographical assignment of caseloads, additional training especially related to investigation of "out of home care" abuse/neglect incidents, and realignment of staff resources to strengthen case management services.

PCSAO has been instrumental in working with PCSAs and the Casey Family Project to strengthen the Ohio Chapter of the Foster Care Alumni of America organization. This group is comprised of foster care alumni and community allies (often service providers, PCSAs, and advocacy agencies) who are advocating improving foster care services and national/state policies. The development of the OHIO Youth Advisory Board is another critical component of helping Ohio reduce child maltreatment. The board has recommended increased interactions between youth/GAL/courts, increased participation in placement decision making processes, additional independent living skill resources, additional in-home mental health services, increased interaction with caseworkers, and additional training and oversight of foster parents. While Ohio has yet to achieve all of the recommendations, the ongoing dialogue with former foster care alumni is a promising approach that will strengthen Ohio's child welfare system and overall CFSR performance.

Many PCSAs (Hamilton, Butler, Clermont counties in the Southwest region) are implementing aggressive foster parent recruitment campaigns. In 2007-2008, Hamilton CDJFS invested \$1 million in a new foster care recruitment campaign and has also engaged local service providers in a shared partnership to improve foster care utilization and placement practices. Likewise, In 2008 Butler County received \$130,000.00 in state funding to increase foster parent recruitment. Butler County also added staffing resources to coordinate volunteers and strengthen local recruitment efforts.

**Barriers**

As previously mentioned, Ohio is experiencing some challenges resulting from the concurrent implementation of SACWIS, CAPMIS, Screening Guidelines, and revised OAC rule changes. Although a large number of PCSAs wanted to implement CAPMIS at the same time as SACWIS, ODJFS has received some feedback that the number of changes that are co-occurring is overwhelming for PCSAs. Many PCSAs are requiring additional hours from staff to implement these changes and have expressed frustration during the first few months of SACWIS/CAPMIS “roll out”.

Differences in service availability, quality, and needs across Ohio’s counties continues to challenge some PCSAs. The lack of a statewide computer system that is fully operational at this time to review service needs and trends, limits Ohio’s ability to adequately understand how service provision is impacting child welfare outcomes. It is expected SACWIS implementation will eventually assist Ohio in improving service effectiveness and achieving CFSR outcomes.

## **B. Permanency**

### **Permanency Outcome 1: Children have permanency and stability in their living situations.**

#### **Item 5: Foster care reentries.**

##### **Policy**

As previously discussed, the ongoing assessment of safety/risk and the provision of supportive services are critical child welfare components. Ohio's prior *Family Decision Making Model*, the family risk assessment matrix, was applied throughout the life of the case at designated points in time. The application of one tool at various junctures was identified in the first CFSR as being cumbersome and did not sufficiently identify service provision/need, document service progress or lack of progress, or link service interventions/strengths to identified safety threats. In addition, the first CFSR identified inadequate documentation/use of the tool by caseworkers. The impact of these dynamics on the identification and delivery of services for children and families throughout the life of a case and after reunification is unknown. A need for more standardized assessment, service planning, and reunification readiness tools was identified to ensure caseworkers were supported in understanding underlying family conditions and implementing services to achieve safety and permanency outcomes. It is anticipated that a more structured assessment approach will guide caseworkers in the decision-making process and reduce the likelihood of future maltreatment. The goals and requirements of the assessment model are summarized in OAC 5101:2-34-33 "*PCSA Requirements for Conducting Intra-Familial (Non-Stranger) Child Abuse and Neglect Family Assessments/Investigations*".

The CAPMIS Safety Assessment was established to assist the caseworker in determining if there are any active safety threats that must be controlled in order to maintain the child safely in his home and prevent removal. A Safety Reassessment is conducted at the time of the CAPMIS *Family Assessment* completion, at the conclusion of an assessment/investigation, or at the time of completion of the CAPMIS Case Review every 90 days. Furthermore, *Safety Assessments* and *Safety Re-assessments* can be conducted at any time a child safety concern is identified. Children are removed from their own home when the PCSA has completed a *Safety Assessment* or a *Safety Re-assessment* and determines the family cannot manage current active safety threats and the family is unable or unwilling to participate in an out-of-home safety plan (OAC 5101:2-37-01, 5101:2-37-03, and 5101:2-38-09).

CAPMIS also introduced the CAPMIS *Reunification Assessment* which is required when reunification with the removal family is considered. Not only does the *Reunification Assessment* include a review of child safety, an assessment of the family's readiness to reunify, and on family conditions and dynamics, but it also includes an identification of service interventions necessary to support reunification (OAC 5101:2-37-04).

The primary goals of all supportive services are to: respect and support the integrity of the child's family unit; prevent removal of a child from his family or caretaker; reunify a child with his family or place in another permanent home; or assist an older youth in the transition from substitute care to independent living and self sufficiency (OAC 5101:2-39-07, 5101:2-40-02).

##### **Practice**

A variety of factors influences the likelihood of children reentering the foster system. These include, but are not limited to, the following (*Ohio Consortium for University-Agency Partnership, October 2005*):

- Parental mental illness, substance abuse, or poverty;
- Children placed in non-relative foster care;
- Children with health difficulties; and/or
- Lack of reunification services and case management.

Ohio established a goal of designing a comprehensive process for assessing safety and risk of harm to children. This was accomplished through strengthening caseworkers' skills in the assessment of safety

and risk, better identification of services needed by a family, and a thorough assessment of the services being provided to family members. ODJFS developed a new approach and model of assessment, CAPMIS. CAPMIS focuses on the assessment of safety and risk while requiring frequent reviews of the family and the services being provided.

In October 2003, ODJFS worked with Hancock, Lorain, Greene, and Muskingum PCSAs to pilot the Family Assessment Planning Model (FAPM). ODJFS provided baseline data on recurrence and foster care re-entries and frequency in case plan amendments beginning in December 2003 and monthly thereafter. In June 2004, the Child Welfare Institute (CWI) conducted an evaluation prior to and following the FAPM pilot implementation to determine whether caseworkers were appropriately identifying and providing services to children and families. As a result, ODJFS redesigned FAPM to include an actuarial risk assessment resulting in the creation of CAPMIS in August 2004. ODJFS integrated CAPMIS into SACWIS, whose design commenced in September 2004. Greene, Hancock, Lorain, and Muskingum counties piloted CAPMIS from May 2005 through June 2006. ODJFS collected baseline data on repeat maltreatment and foster care re-entry by May 2005. This data was captured monthly thereafter for each county. The Ohio State University is conducting an evaluation of the use of CAPMIS and the impact of the model in recurrence and foster care re-entry rates.

In January 2007, Ohio began statewide CAPMIS implementation. Full CAPMIS implementation is expected to reduce foster care reentries in Ohio, as it requires frequent, formalized safety assessment/planning, ongoing case assessment, and comprehensive reunification services. Several recently enacted programs are also expected to help Ohio's reentry rate, including the Kinship Permanency Incentive program, the Access to Better Care initiative (including wraparound service models), and new services designed to help children of parents with addiction and substance abuse concerns.

#### **Casework Practices and Resource Issues, Such as Adequate Screening of Relative Placements**

Prior to placing a child in PCSA custody with relatives or non-relative substitute caregivers, agencies are required, at a minimum, to: collect identifying information on the prospective caregiver and others residing within the home; check the child abuse/neglect records for all persons residing in the home; assess the safety of the home; inform the prospective caregiver with known information regarding educational, medical, child care, and special needs of the child including information on how to access support services to meet the needs of the child; assess the prospective caregiver's ability and willingness to provide care and supervision; and initiate a criminal background check on the prospective caregiver and all adults residing within the home with BCII. These requirements are outlined in OAC 5101:2-48-18 "*PCSA and PCPA Approval of Placements with Relative and Nonrelative Substitute Caregivers*". Across the PCSAs and juvenile court systems, there is some variation in services and approaches to case management for youth placed with relatives. These differences include: assessment requirements and practices PCSA's utilize in working with relatives when the child is not in PCSA custody, financial stipends/support for relatives who assume custody, centralization of case management for relative caregiver cases, duration/formalization/availability of supportive services after relative placement, availability of and timeliness of relative caregiver background check information, and court practices/preferences/guidelines impacting relative placement decisions.

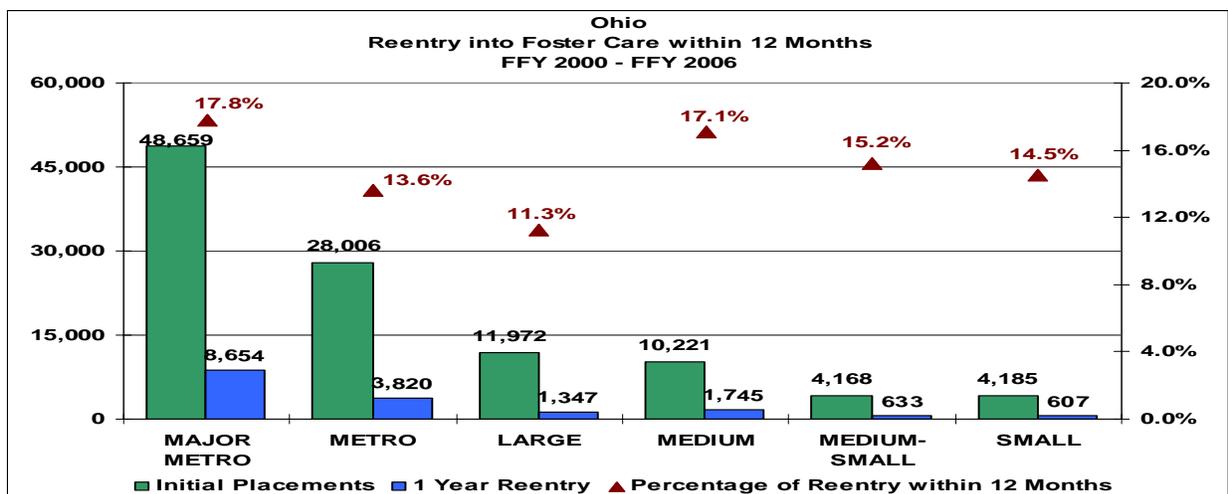
As previously mentioned, Ohio's smaller PCSAs experience a higher average caseworker turnover rate (21-23 percent in 2006) than their larger metropolitan counterparts (14-17 percent in 2006). 2007 Statewide caseworker turnover rate data are currently not available. In addition, Ohio's PCSAO 2006 salary survey demonstrates medium and small Ohio PCSA's pay frontline caseworkers significantly less per hour (\$12.57 compared to \$15.28 for entry level caseworkers respectively and \$16.01 compared to \$23.84 for more experienced/qualified caseworkers). The full impact of caseworker turnover on Ohio's CFSR outcome results is unknown. Qualitative CPOE Stage 6 review results (summarized in narratives of non-conformity factors in PCSA CPOE reports), as well as CFSR workgroup discussions with PCSAs, support the GAO's findings that caseworker turnover, retention, and high case loads are contributing to non conformity for safety/permanency outcomes in Ohio.

## Evaluation

During the CPOE Stage 6 Review cycle, PCSAs not achieving the previous foster care reentry National Standard were required to develop Quality Improvement Plans (QIP). Ongoing compliance monitoring of QIP action steps and benchmarks occur one year following QIP approval. PCSA QIP strategies include:

- Providing post-placement services to families to eliminate the multiple removals of children.
- Utilizing safety plans to prevent removals and to provide support to parents.
- Holding family team meetings with all involved parties and service providers to assist the family and prevent removals.
- Enhancing kinship program to include support and services to kin resources.
- Developing a reunification procedure and train staff.

FFY 2000 through FFY 2006 FACSIS data revealed large (11.3%) and metropolitan (13.6%) counties had lower reentry rates than small (14.5%), medium-small (15.2%), medium (17.1%), and major metro (17.8%) counties. This is reflected in the information presented below.



### Factors Affecting Performance on Permanency Data Profile, Element IX, Including Component B, measure b (1)

Foster care reentries were on a slight decline based on the May 8, 2008 *Ohio Child and Family Services Review Data Profile* in the 12 month period ending in March 31, 2007. However, in FFY 2007ab reentry rates are increasing.

### **Permanency Composite 1: Timeliness and Permanency of Reunification, Component B: Permanency of Reunification.**

Ohio is very close to the national median for re-entries to foster care in less than 12 months. During the CPOE Stage 6 review cycle and in ongoing discussions, some PCSAs indicated that the number of children re-entering foster care may be directly impacted by the unruly/delinquent population in PCSA custody. This population is more difficult to place and may be more likely to re-enter foster care. In Ohio, the Juvenile Court may order an unruly/delinquent child into the custody of a PCSA pursuant to ORC §§ 2151.354, 2151.3510, 2152.19. Additionally, some agencies may close a case and terminate services once a relative placement is located for an unruly/delinquent child. If the relative does not receive supportive services he/she may not be able to maintain the child's placement resulting in the child re-entering foster care. The provision of ongoing supportive services for at least six months after a relative placement would assist in maintaining the

placement for a child with behavioral needs. The following table depicts the steady improvement in re-entry of children into foster care.

**Re-entries to Foster Care in Less than 12 Months**

<i>National Median</i>	<i>Federal FY 2004ab</i>	<i>Federal FY 2005ab</i>	<i>Federal FY 2006ab</i>	<i>12-Month Period Ending 3/31/07</i>	<i>Federal FY 2007ab</i>
<b>15.0%</b>	17.7%	18.2%	15.8%	15.6%	15.9%

**Correlation between Reunification of Children in Less than 12 months and Re-entry of Children in Foster Care in less than 12 months from the Date of Discharge**

Ohio is currently above the national median for the entry and exit cohort for reunification in less than twelve months as reflected in the data presented below. Conclusive findings for specific contributing factors of this trend are unknown at this time.

One PCSA practice influencing this result may be the agency’s ability to locate a relative or kin placement prior to placing a child in a substitute care setting. Upon locating a relative placement, the PCSA may do one of the following while maintaining case plan services with the child’s parents: place a child in the relative’s home and maintain custody; or file a motion with the court for the relative to receive temporary or legal custody. The case plan goal is to reunify the child with his/her parents, but a relative placement is a less restrictive placement setting. According to May 2007 Profiles of Child Welfare Demonstration Project evaluation findings released by the U.S. Department of Health and Human Services, assisted guardianship/kinship programs (some with flexible funding) are positively impacting CFSR permanency and/or safety outcomes in Illinois, Iowa, Minnesota, and North Carolina.

As previously mentioned, Ohio is currently a Title IV-E Waiver state and is implementing the ProtectOhio program. Strategies such as Assisted Guardianship, Family Team Meetings, Supervised Visitation models, Enhanced Mental Health/Substance Abuse Services, and Managed Care are being evaluated in collaboration with Chapin Hall, Westat, and Human Services Research Institute. Definitive CFSR outcome correlations from Phase II of the project are not currently available but are incorporated into the evaluation research design and should lend further insight for future service planning.

**Timeliness and Permanency of Reunification Standard 122.6 or higher**

<i>Standard:</i>	<i>Federal FY 2004ab State score</i>	<i>Federal FY 2005ab State score</i>	<i>Federal FY 2006ab State score</i>	<i>12 Month Period Ending 3/31/07 State score</i>	<i>Federal FY 2007ab State Score</i>
<b>122.6 or higher</b>	108.1	108.2	115.1	118.9	115.2

**Component A Timeliness of Reunification**

<b>Exits to reunification less than 12 months</b>					
<i>National Median</i>	<i>Federal FY 2004ab</i>	<i>Federal FY 2005ab</i>	<i>Federal FY 2006ab</i>	<i>12 Month Period Ending 3/31/07</i>	<i>Federal FY 2007ab</i>
<b>69.9%</b>	69.0%	70.7%	70.8%	72.4%	71.1%
<b>Entry cohort reunification less than 12 months</b>					
<i>National Median</i>	<i>Federal FY 2004ab</i>	<i>Federal FY 2005ab</i>	<i>Federal FY 2006ab</i>	<i>12 Month Period Ending 3/31/07</i>	<i>Federal FY 2007ab State</i>
<b>39.4%</b>	46.1%	48.6%	48.3%	52.3%	51.6%

When examining county specific AFCARS FY2006b07a data, there were 34 counties which exceeded the 75<sup>th</sup> percentile for reunification in less than 12 months, 14 counties exceeded the 25<sup>th</sup> percentile for re-entry into foster care, and 8 counties meet both reunification and re-entry measures. It should be noted that 4 out of the 14 counties which exceeded the 25<sup>th</sup> percentile for re-entry into foster care did not achieve the 75<sup>th</sup> percentile for reunification. Counties that had a lower rate of re-entry of children in foster care and did not achieve timely reunification reported more intensive services was needed prior to reunification in order to assure safety of the child and resolve presenting problems of the family (e.g., drug addiction of the parents). Thus, this impacted achievement of the reunification standard.

### **Strengths and Promising Approaches**

Ohio developed CAPMIS to improve child welfare service delivery and outcome performance. The assessment of safety throughout the child welfare continuum – including when reunification is being considered – should assist caseworkers in identifying necessary services and developing case goals with families. The Reunification Assessment tool is designed to assist caseworkers in assessing how a caregiver's protective capacities, resources, and strengths can be used to reduce safety threats and support reunification efforts. The tool also prompts the caseworker to consider how the family dynamics may change upon the child's return as well as identify supportive services needed to support the reunification and prevent re-entry into care.

ProtectOhio is a promising approach as the program allows Title IV-E funds to be used more flexibly to support critical service components such as Family Team Meetings, Structured Visitation, Kinship Support, Managed Care and Enhanced Mental Health/Substance Abuse services. The evaluation component of the program is critical to helping Ohio and other states understand the complex interplay of service delivery/quality and the impact on CFSR outcome results.

As previously discussed, PCSAO's ongoing work with PCSAs to encourage, train, and fund Council on Accreditation (COA) certification among Ohio's PCSAs is a promising approach. At this time, 20 Ohio PCSAs are accredited and 4 additional PCSAs are currently in the accreditation process. As COA accreditation assists agencies in striving for optimal case load levels, increases available and required caseworker training, provides additional guidelines for monitoring performance, provides standards for caseworker social work educational requirements, and includes caseworker retention strategies it is hoped such critical components will positively impact Ohio's CFSR outcome performance.

Ohio is currently working with PCSAs to improve the quality, frequency, and delivery of agency visits. In recognition of the importance of agency visits, Ohio modified OAC rule 5101:2-42-65 *Caseworker Visits and Contacts with Children in Substitute Care* in February 2008 to clarify qualitative and documentation issues related to a child's safety/well-being/permanency, service needs, and case plan goals during agency visits. The rule also modified specific visitation requirements for medically fragile children and those placed in residential/independent living/out of state placement settings. In addition, the CPOE Stage 7 review cycle focuses heavily on agency visitation compliance. Finally, as previously mentioned, ProtectOhio has incorporated improved visitation strategies as a major reform initiative.

The Institute for Human Services funded The Ohio State University to conduct a rapid evidence assessment on re-entry into child protective services for the Ohio Consortium for University-Agency Partnership to Improve Public Child Welfare. The March 2008 report revealed there is a lack of rigorous evaluation research on definitive "best-practice" interventions to reduce foster care re-entry. However, a review of correlational qualitative research identified common characteristics of programs that positively benefit families including: 1) increased contact between workers/parents (small assignment ratios and 24-hour availability); 2) parent contacts with children; 3) parenting skills training; 4) mental health/substance abuse services to parents; 5) concrete services for families; and 6) social support networks. The research also recommended practitioners "...be encouraged to integrate information on the conditions that are associated with re-entry into their work with reunifying families." Recommendations also suggested caseworkers address parental ambivalence toward reunification and work with families to maintain family cohesion through letters, phone calls, pictures, and visits while children are in placement.

As previously mentioned, the development of the OHIO Youth Advisory Board is another critical component of improving CFSR outcome performance. The board has recommended increased interactions between youth/GAL/courts, increased participation in placement decision making processes, additional independent living skill resources, additional in-home mental health services, increased interaction with caseworkers, and additional training and oversight of foster parents. While Ohio has yet to achieve all of the recommendations, the ongoing dialogue with former foster care alumni is a promising approach that will strengthen Ohio's child welfare system and overall CFSR performance.

Ohio continues to be a national leader in the number of established family drug courts. Drug Courts are designed to facilitate permanency for children by coordinating court procedures with child welfare and treatment service providers. Programming generally includes frequent court visits, outpatient or residential substance abuse treatment, regular urinalysis, and sanctions if the substance abusing parent fails to follow through with service plans. During CPOE Stage 6 review discussions with PCSA staff, "drug courts" and regular access to "drug screenings" for caregivers were often mentioned as helpful approaches to achieve and maintain permanency outcomes.

Significant work with local service providers to share accountability for child welfare goals and outcomes is another promising approach. The Ohio Association of Child Caring Agencies (OACCA) has been working with approximately 14 service providers to pilot an outcome tracking and monitoring system to improve service responsiveness over time (online information is available at e mail: "<http://www.outcomesdatapoint.com>"). The system includes measures for engaging families in services, service satisfaction, functioning improvements, and after care re-entry assessments of youth six to twelve months after reunification.

## **Barriers**

Although Ohio has established important collaborations with sister agencies (Ohio Department of Mental Health/Substance Abuse), as well as improved local service delivery with juvenile courts, Ohio lacks cross systemic data on the prevalence of mental illness and substance abuse among the child welfare population. SACWIS implementation is a critical component of helping Ohio understand service needs as well as correlations between specific service interventions and CFSR outcome performance.

According to CFSR Safety Workgroup participants, as well as onsite CPOE 6 review discussions with PCSAs, some service delays and shortages (particularly mental health, substance abuse, and kinship services) negatively impact re-entry rates. The Ohio Youth Advisory Board (consisting of former foster care alumni) report supportive services provider turnover (such as therapists), lack of in-home/community based mental health services, and lack of community support groups negatively impact child welfare services in Ohio. CPOE 6 review discussions also reveal some PCSAs reported services were available, but not responsive to the needs of child welfare families.

## **Item 6: Stability of foster care placement.**

### **Policy**

PCSAs are required to recommend placement settings that are in the best interest of children, “least restrictive”, and most “family-like”. To ensure family continuity and placement stability, PCSA’s initially explore maternal and paternal relatives to assess their willingness and ability to assume temporary custody or guardianship. Additionally, priority consideration must be given to placing siblings together, unless it is not in the children’s best interest (OAC 5101:2-42-05).

Unless an emergency placement is needed, PCSAs must provide pre-placement services to the child, parent, and/or guardian when substitute care placements occur. Pre-placement services include counseling with the family to explore feelings about separation. PCSAs must provide at least one pre-placement visit with the caregiver prior to a child’s placement. Expected communication patterns between the PCSA, child, family, and caregivers are discussed at this time to ease the placement transition and help the child adjust to the substitute caregiver. All of these actions have as their primary goal to provide continuity and stability during placement (OAC 5101:2-42-64).

Agency visits encourage placement stability and are designed to assess a child’s placement adjustment and continued need for out of home care placement. As previously mentioned, the caseworker visitation rule was revised to emphasize regular assessment of the child’s safety and well-being, as well as, the caregiver’s willingness and continued ability to provide care for the child. Visits are required no less than monthly regardless of placement setting (OAC 5101:2-42-65). When there is evidence that a placement may disrupt, PCSAs must make efforts to maintain the placement, including the provision of supportive services to the child and caregiver (OAC 5101:2-42-88).

### **Practice**

Based upon 2002 AFCARS baseline data, Ohio’s CFSR PIP goal for increasing foster care stability was 86.4% from 84.5%. According to Ohio’s CFSR Eighth Quarterly Report, Ohio achieved this Goal. Ohio successfully achieved all PIP Action Steps including:

- Assisting counties in determining the most appropriate placement for the child, providing support to maintain the child in that placement until the child can return home or be placed in another permanent setting. Ohio developed a best practice resource manual and disseminated it to PCSAs. Ohio also coordinated a panel of presenters for workshops at the PCSAO’s annual Child Welfare Conference and at ODJFS’ Annual Foster and Adoption Conference to showcase best practices.
- Holding annual conferences and sponsoring resource family attendance at conferences to improve understanding of the needs of foster youth. On June 22-24, 2006, a conference of more than 300 resource families was held in collaboration with the Ohio Family Care Association (OFCA). Workshops helped families better understand and respond to the needs of foster youth, achieve permanency by educating caregivers about reunification, adoption, guardianship, and relative placements, and improve retention of resource homes by building caregiver coping skills. OFCA hosted another resource family conference on June 14-16, 2007 entitled ‘Taking Care of Yourself in the Wild, Wild West’. Workshops for foster, adoptive, kinship and respite parents as well as agency caseworkers/professionals were presented. OFCA continues to provide resource family support and training to strengthen placement stability.
- Sponsoring resource family attendance at annual conferences to help them gain information on meeting a foster child’s needs.
- Providing county specific, focused technical assistance to PCSAs with the highest percentage of children who have been in foster care less than 12 months who have experienced more than 2 placement moves; and that had the greatest adverse impact on overall statewide performance.
- Assisting counties with resource family recruiting efforts.

During CPOE Stage 6 Reviews, PCSAs not meeting the Placement Stability National Standard developed some of the following QIP strategies:

- Reviewing after hours and crisis matching processes for children coming into care;
- Improving “matching form” documentation and updating information more frequently;
- Reviewing internal protocols and policies for placing youth with relative/kin;
- Implementing Level of Care Tools to evaluate placement needs/appropriateness;
- Requiring Family Team Meetings/staffings prior to placement moves;
- Requiring caseworkers to involve other professionals (such as therapist’s recommendations) prior to moving youth into more restrictive settings;
- Conducting quarterly reviews of disruption data to analyze trends;
- Increasing collaboration between the PCSA, courts, and hospitals to coordinate treatment stays and discharge needs.

### **Changes in Performance and Practice**

For the past four years, Cuyahoga and Hamilton counties have utilized level of care instruments to assist PCSA staff in determining the most appropriate type of out of home care placement based upon a child’s strengths/needs and a provider’s capacity/treatment components. Both counties have added staff support resources to assist caseworkers and service providers in making placement decisions and monitoring service delivery.

As reported in the CFSR PIP and the prior section, Ohio is committed to working with PCSAs to recruit resource families to meet the needs of children. Training and support enable foster and adoptive families to better provide appropriate services to children, particularly those with serious emotional/behavioral problems. Training and educational opportunities are provided to foster families to encourage foster family retention and enhance caregiver skill sets to reduce the likelihood of placement disruptions.

Resource family recruitment and retention strategies include:

- Analyzing FFY 2002 AFCARS data submissions of PCSAs with significant populations of out of home care youth;
- Collecting, compiling and sharing information from other states on resource family recruitment/retention best practices;
- Providing presentations at annual workshops including the Public Children Services Association of Ohio’s Annual Child Welfare Conference and the ODJFS’ Annual Foster and Adoption Conference;
- Integrating resource family recruitment/retention efforts by partnering with “Adopt US Kids” to promote permanency by increasing the availability of resource families;
- Providing and promoting public awareness materials to local agencies to supplement Foster Care Recruitment Month in May.

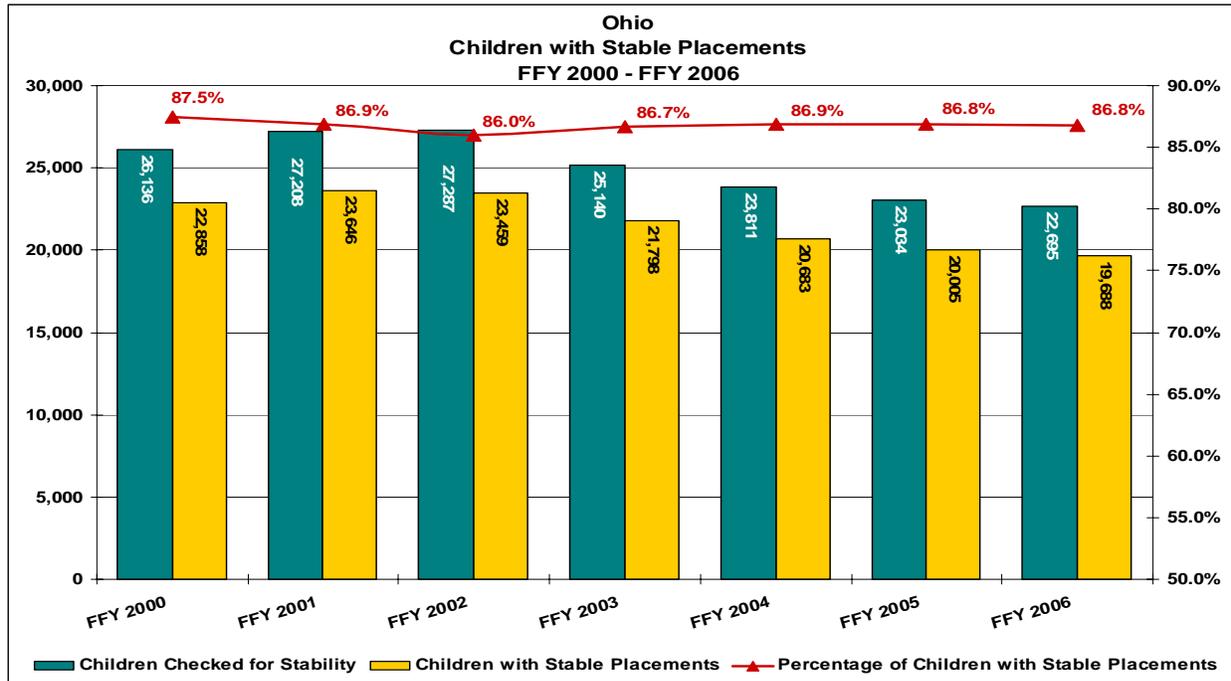
### **Casework Practices and Resource Issues**

CPOE 6 reviews, as well as CFSR PCSA workgroup discussions, reveal differences in how PCSAs report and electronically record placement moves. Some counties report temporary moves (such as detention stays, hospitalizations, respite stays) as placement moves. A few PCSAs report financial incentives (the ability to claim Title IV-E) also encourages the county to record “placements” whenever possible to ensure adequate funding availability.

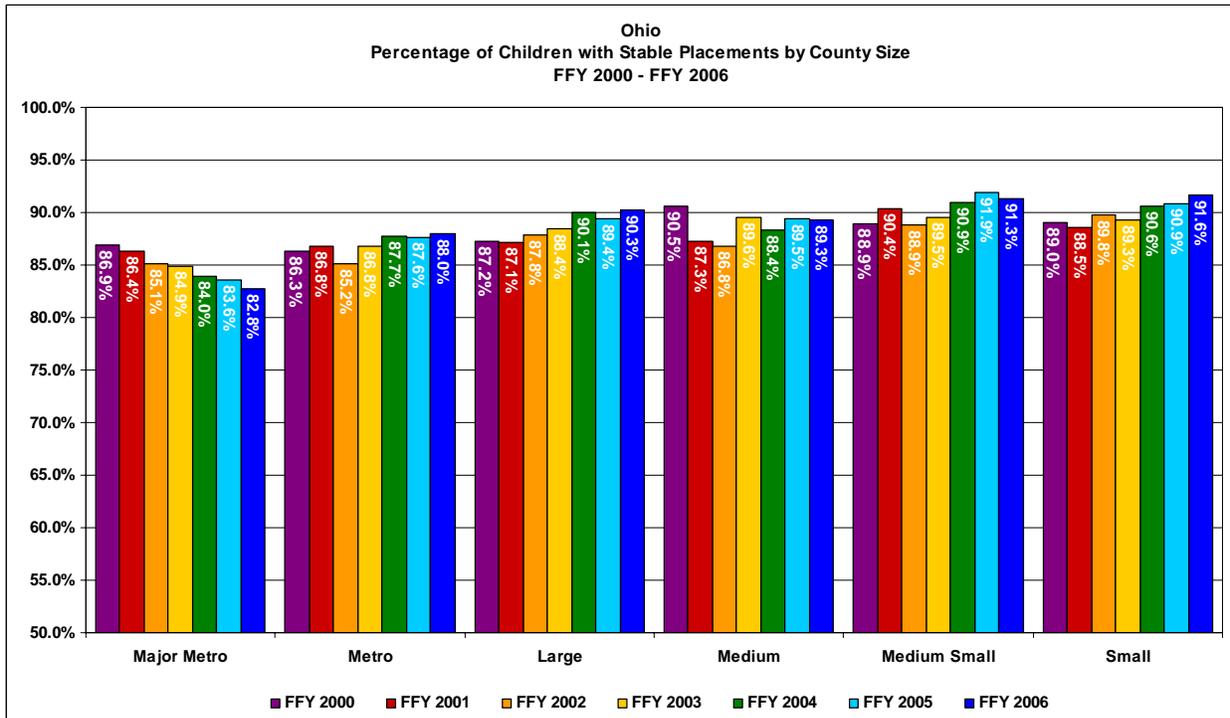
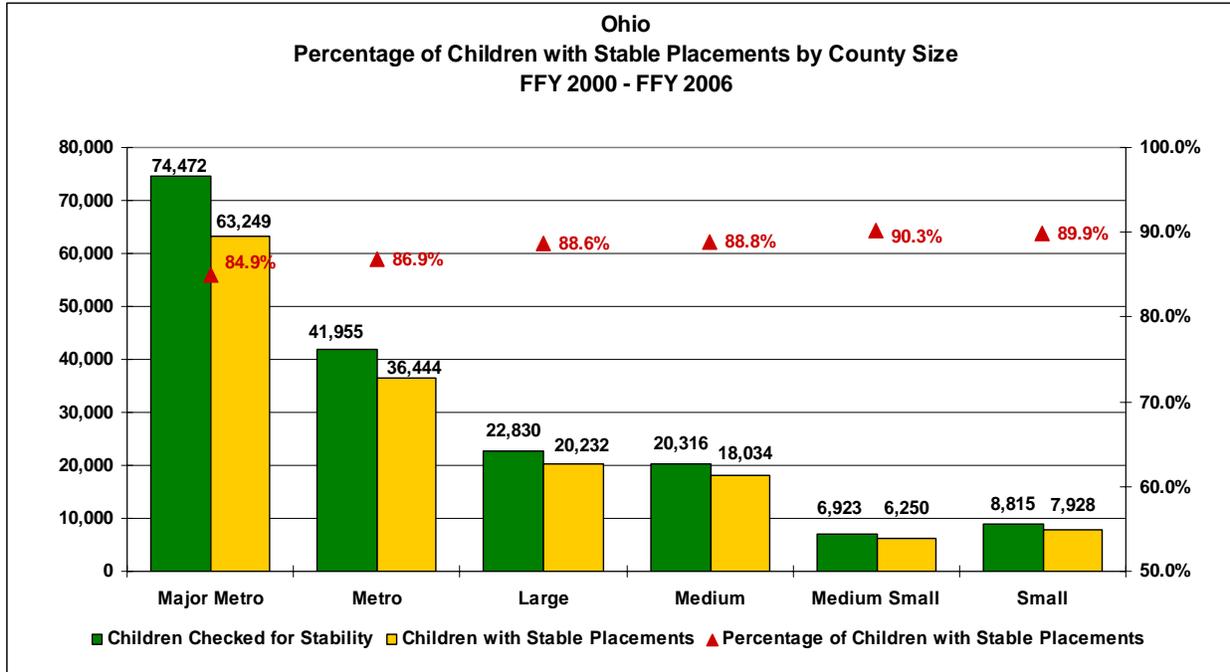
Delinquent youth who are placed in PCSA custody are seen as very challenging and few resource families are available to meet the needs of this population. As a result, disruptions occur at a higher rate.

## Evaluation

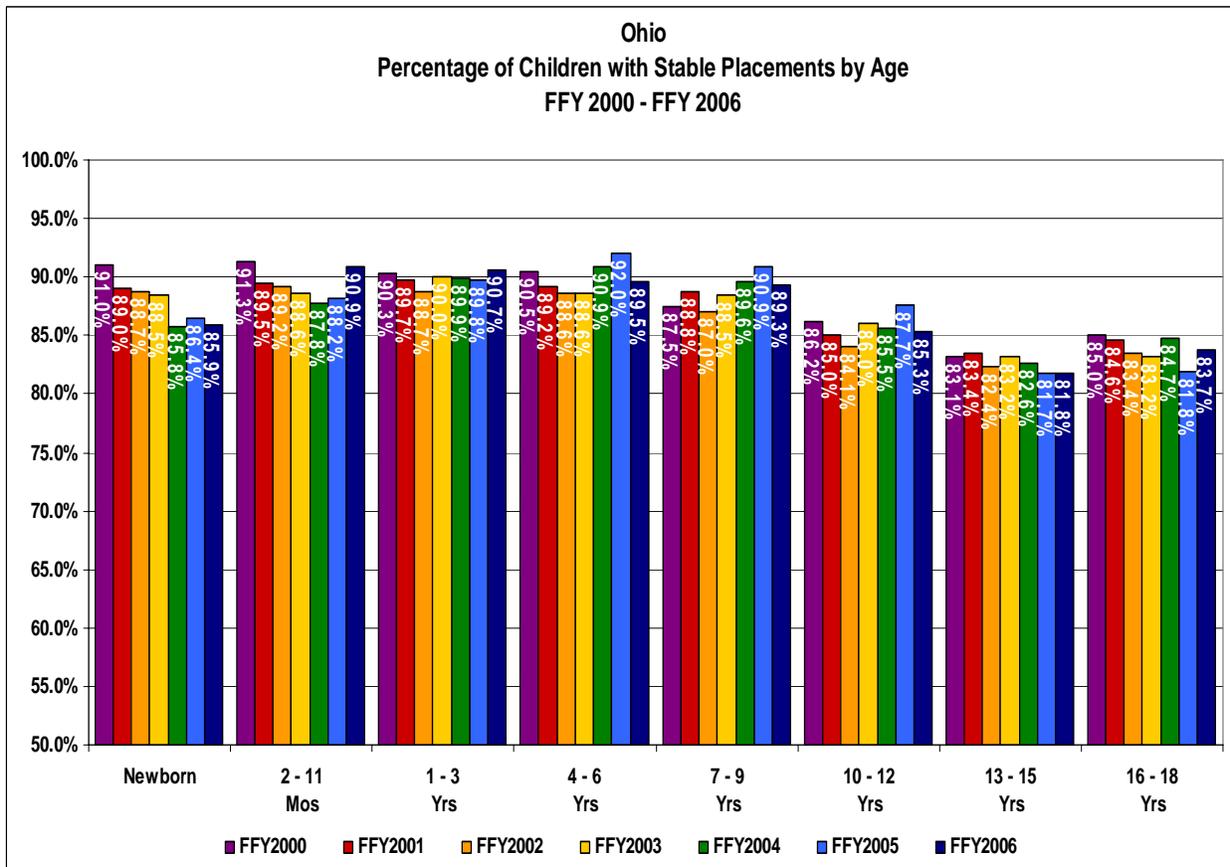
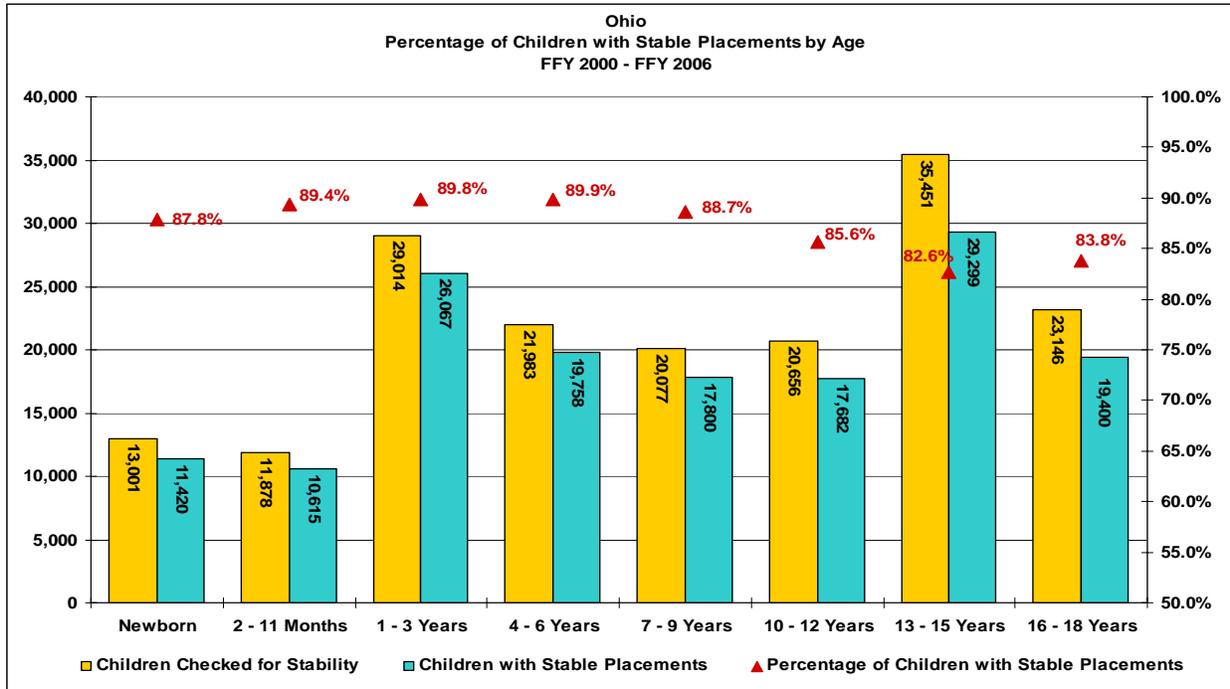
Ohio consistently performs well in ensuring stable out of home placement environments for children. For analysis purposes, stability is defined as two or fewer placement settings for children who are in care less than 12-months. From FFY 2000 through FFY 2006, FACSIS data indicate the rate of children with stable placements ranged from 86.0 percent to 87 percent. This can be attributed to CFSR PIP activities and CPOE Quality Improvement Plan activities. The following table presents the overall stability levels.



Although, Ohio's overall placement stability indicator performance is good, major metro county performance has declined each year from FFY 2000 (86.9 percent) through FFY 2006 (82.8 percent). As these counties were responsible for 42.5 percent (74,472 of 175,311) of all Ohio children checked for stability in the past seven years, reversing this downward trend is critical for Ohio, as a whole, to maintain and improve upon this performance indicator.



From FFY 2000 through FFY 2006, young children were far more likely to have stable placements than teenagers.



The May 8, 2008 *Ohio Child and Family Services Review Data Profile* indicates PIP interventions, CPOE Stage 6 QIP strategies, and continued local efforts are resulting in a steady decline in the number of placement moves. The FFY 2007ab State Score was reported at 100.9. Children in care for less than 12

months who had two or fewer placements continued to increase as evidenced in the Table below. Since 2004 Ohio exceeded the 75<sup>th</sup> Percentile.

For children in care between 12-24 months there was a steady increase in reducing the number of placement moves. Between 2004 to the present, Ohio exceeded the national median of 58.9 percent. From the period under review through FFY 2007ab Ohio has exceeded the established 75<sup>th</sup> Percentile set at 65.4%.

Children in care for 24 months or more appears to be one of Ohio's most difficult performance challenges. However, with PIP intervention strategies, the 12-month period ending March 31, 2007 data reflect a continued increase in placement stability. At that time, Ohio started to exceed the national median of 33.9%.

<b>Permanency Composite 4: Placement Stability</b>					
<b>National Standard</b> <b>101.5 or higher</b>	<b>State Score</b> 95.4	<b>State Score</b> 95.9	<b>State Score</b> 97.8	<b>State Score</b> 99.4	<b>State Score</b> 100.9
<b>Measures</b>	<b>FFY 2004ab</b>	<b>FFY 2005ab</b>	<b>FFY 2006ab</b>	<b>12-Month Period Ending 03/31/2007</b>	<b>FFY 2007ab</b>
<b>Measure C4 - 1) Two or fewer placement settings for children in care for less than 12 months.</b> Of all children served in foster care (FC) during the 12 month target period that were in FC for at least 8 days but less than 12 months, what percent had two or fewer placement settings? <b>[national median = 83.3%, 75<sup>th</sup> Percentile = 86.0%]</b>	<b>86.2%</b>	<b>86.1%</b>	<b>86.3%</b>	<b>86.8%</b>	<b>87.3%</b>
<b>Measure C4 - 2) Two or fewer placement settings for children in care for 12 to 24 months.</b> Of all children served in foster care (FC) during the 12 month target period that were in FC for at least 12 months but less than 24 months, what percent had two or fewer placement settings? <b>[national median = 59.9%, 75<sup>th</sup> Percentile = 65.4%]</b>	<b>61.5%</b>	<b>62.5%</b>	<b>64.4%</b>	<b>66.1%</b>	<b>67.2%</b>
<b>Measure C4 - 3) Two or fewer placement settings for children in care for 24+ months.</b> Of all children served in foster care (FC) during the 12 month target period that were in FC for at least 24 months, what percent had two or fewer placement settings? <b>[national median = 33.9%, 75<sup>th</sup> Percentile = 41.8%]</b>	<b>31.4%</b>	<b>31.3%</b>	<b>33.6%</b>	<b>34.7%</b>	<b>35.9%</b>

**Factors Affecting Performance on Permanency and Profile Element XII [Permanency Composite 4, including measures (1), (2), and (3)] and First-time Entry Cohort Data Profile Element IV**

The following strategies effectively helped Ohio increase Placement Stability:

- Providing Focused Technical Assistance and Process Consultation to two major metro counties;
- Improving initial placement matching procedures;
- Collaborating with courts to reduce placement moves;

- Analyzing “disruption” cases to better understand trends and service needs;
- Increasing visitation with foster caregivers and children to provide additional support;
- Implementing Family Team Meetings and “placement/disruption” conferences involving families, substitute caregivers, service providers and caseworkers.

#### **Element IV. - Number of Placement Settings in Current Episode**

The percentage of Ohio children who were in only one or two placement settings continues to increase. Additionally, placement moves have decreased. Examination of FACSIS data reveals that placements and replacements for a child can, in part, be attributed to movement of a child from a least restrictive setting to a more restrictive setting (and vice versa). Other factors include the presenting problems of the child (e.g., mental health issues, drug dependency, and delinquent behavior), age of the youth, and inappropriate placement selection. Also, some counties are counting respite care as a placement move when, in fact, the child returned to the original placement following the provision of respite care.

#### **Strengths and Promising Approaches**

##### Service Intervention

As previously mentioned, Ohio is engaged in multiple efforts to partner with local service providers to improve the effectiveness of placement and supportive services. The Ohio Association of Child Caring Agencies (OACCA) has been working with approximately 14 service providers (out of home care networks providing a continuum of services) to pilot an outcome tracking and monitoring system to improve service responsiveness over time (online information is available at e mail: “<http://www.outcomesdatapoint.com>”). The system includes measures for engaging families in services, service satisfaction, functioning improvements, placement stability, and after care re-entry assessments of youth six to twelve months after reunification. The effort has also resulted in more dialogue between the PCSAs and placement providers to ensure adequate information about a child’s history and service needs are assessed during the “matching” process.

The ProtectOhio initiative targets the use of Family Team Meeting by PCSAs to proactively prevent placement disruptions and engage families in the service planning process. Increased involvement of service providers, informal family support resources, and the families themselves were reported by PCSAs during the CPOE 6 review process as an important intervention to promote placement stability. Greater involvement/participation of youth, foster parents, and caseworkers in placement decision making processes was also recommended by the OHIO Youth Advisory Board to improve local child welfare service delivery.

Use of Level of Care instruments is a promising approach to improve placement decision making processes at the local level. Such tools typically include systematic review of attributes (age, abuse/neglect history, type of abuse/neglect, degree of behavioral/emotional challenges, availability of supportive services, number of prior placements, educational needs) correlated to placement stability and/or disruptions. Based upon feedback from PCSAs and network providers, these procedures often positively impact the availability of information shared with foster parents and network agencies.

While disparity in the availability of kinship funding/support services among Ohio’s PCSAs continues to exist, significant milestones for improving and supporting kinship placements has been achieved. As previously described, Ohio’s most recent biennial budget established the Kinship Permanency Incentive (KPI) program. The KPI program promotes permanency by supporting kinship caregivers, guardians, and custodians who provide care for minor “at risk” children who would otherwise be unsafe if they remained in their own homes. KPI provides time-limited incentive payments (\$1,000 per child at the initial placement and in some instances \$500 at six month intervals) to defray initial placement costs and support placement stability. Ohio’s Temporary Assistance to Needy Families (TANF) funding covers the \$10 million annual

program cost. In addition, ProtectOhio incorporates multiple kinship support strategies at the local level to assist PCSAs in meeting the placement stability performance measure.

As previously described, Ohio's CAPMIS Case Review tools, as well as recent changes in the visitation rule for children in substitute care, encourage more frequent reviews of placement stability and ongoing service needs. The additional emphasis on monitoring the "quality" and "frequency" of agency visits in the CPOE 7 review cycle, will also continue to support Ohio's strong performance.

### Service Collaboration

- Hamilton CDJFS implemented "Kids in School Rule", a collaboration of several Cincinnati organizations (Legal Aid, GAL's, Children's Services, Prosecutors, Cincinnati Public and Hamilton County schools) to implement what is believed to be the first program in the country of its kind focusing on helping foster children stay in school and achieve academic success. As previously mentioned, Hamilton also utilizes a level of care instrument in assisting staff with placement decisions and is also currently investing \$1 million in a comprehensive foster parent recruitment campaign.
- Belmont County has increased involvement of mental health therapists in the placement decision making process. Therapists meet with proposed foster/adoptive families during the pre-placement planning process to determine whether the placement is optimal for the child and family. Families unsure of adoption have someone to talk to about complex issues. Belmont County has found these discussions can at times be the decision maker in pursuing adoption, especially if the family is fostering a child who later becomes available for adoption. Other times it is a matter of deciding if one can meet the needs of the child. Talking with the therapist assists in determining if the child is placed with an appropriate family.

### Resource Development/Foster Parent Recruitment

Ohio is committed to recruiting resource families to better meet the needs of children in care. An expanded pool of families provides PCSAs with more choices to promote strong matches of caregiver skill sets/strengths with the needs of children they serve.

Strategies for increasing recruitment/retention of resource families include:

- Analyzing trends of PCSAs with significant populations of children in care as indicated by FFY 2002 AFCARS data submissions;
- Collecting, compiling and sharing recruitment/retention information other states;
- Providing presentations at annual workshops including the Public Children Services Association of Ohio's Annual Child Welfare Conference and the ODJFS' Annual Foster and Adoption Conference.
- Integrating efforts to recruit and retain resource families by partnering with the Adopt US Kids initiative to promote permanency by increasing the number of available resource families for children.
- Providing public awareness materials to local agencies to supplement their efforts during May, Foster Care Recruitment Month and hosting the 2008 National Foster Care Month celebration in collaboration with speakers and youth participants.

### **Barriers**

Children that have been adjudicated unruly/delinquent have the highest number of placement moves and continue to challenge available resources in most counties. Lack of mental health services and behavioral issues are another common area of concern for many counties. CPOE Stage 6 reviews and CFSR workgroups identified some of the following additional placement stability barriers:

- Lack of early identification and assessment of kinship resources in the case planning process;
- Lack of involvement of the prospective caregiver in the permanency planning process;
- Lack of early and appropriate assessment of families' strengths;

- Lack of timely determination of a permanency goal and implementation of concurrent case planning;
- Lack of caregiver effort to comply with the case plan;
- Lack of adequate post-placement supports to permanent caregivers;
- The child must be placed with a licensed foster family while waiting for the required background checks for relative placements;
- Lack of child care support for foster parents;
- Low per diem rates; counties with a higher per diem rate tend to have more foster families;
- Beliefs of caseworkers and providers that placements disrupt due to “unmanageable behaviors” of children rather than inadequate availability, training, and support of placement provider options;
- Challenges counties face in helping foster children achieve academic success;
- Insufficient foster homes to meet the needs of children.

## **Item 7: Permanency goal for child.**

### **Policy**

ORC § 2151.412 (F) (1) requires all case plans for children in temporary custody to have the following goals:

- Consistent with the best interest and special needs of the child, to achieve a safe out-of-home placement in the least restrictive, most family-like setting available and in close proximity to the home in which the child will be permanently placed;
- To eliminate with all due speed the need for the out-of-home placement so that the child can safely return home.

OAC rules amplify statute provisions. Agencies are required to develop case plans containing: the child's permanency goal, family strengths, concerns, and supportive services to ensure permanency. The case plan serves as the permanency plan for the child (OAC 5101:2-39-08.1, 5101:2-39-10, 5101:2-38-05).

Permanency goal options include:

- Maintain child in his/her own home to prevent removal;
- Return the child to his/her parent, guardian, or custodian;
- Placement of child in a planned permanent living arrangement, excluding adoption. This permanency goal may only be used upon court approval and determination;
- Independent Living;
- Adoption.

When children enter substitute care, case plans must be filed with the court within 30 days from the date of complaint filing or the date the child is placed away from the home or prior to the adjudicatory hearing, whichever comes first. Additionally, when sufficient information is not available to complete case plan elements, agencies are required to specify, in the case plan, additional information needed, the steps taken to obtain the missing information and complete the case plan within 30 days after adjudication or the date of the dispositional hearing or 60 days after the placement, whichever occurred first.

Caseworkers conduct regular assessments of case plan progress at each 6 month (SAR). The SAR is conducted by a panel of at least three people including the caseworker with day-to-day responsibility for the child's case plan and a person who is not responsible for management of the child's case plan or for the delivery of services to the child or his/her parent, guardian or custodian. During the SAR, the panel assesses: whether the child's current permanency goal needs to be amended; case progress; child well-being; and the effectiveness of supportive services, including independent living services. During the review, the PCSA must address the child's custody arrangement for the next six months and whether the case plan will be amended as a result of the SAR. The SAR also indicates: the estimated date each child may be returned home; when protective supervision may be terminated; if permanent placement may be made; or the case may be closed. Any permanency goal change requires a case plan amendment. Upon CAPMIS "roll-out", *Case Reviews* are required every 90 days.

As previously mentioned, PCSAs are required to determine the necessity for continued substitute care placement for each child, whether the child's custody is by agreement or court commitment or whether the child's custody status is temporary or permanent at least every 6 months. The revised visitation rule for children in substitute care requires agencies to consider the need for continued placement at each monthly visit (ORC 5101:2-42-68).

### **Practice**

At the beginning of placement, PCSA's involve children and families in the reunification planning process. If the child is still in care after a year, agencies must submit a permanency plan for the child to the court. Agencies use more restrictive guidelines than outlined in the Adoption and Safe Family Act to request

termination of parental rights (TPR) . TPR is requested when a child has been in temporary custody for 12 or more months of a consecutive 22 month period, unless there are compelling reasons for not terminating parental rights.

**Casework Practices and Resource Issues**

**Local Snapshots**

Morrow County’s Custody/Adoption Review Team (CART) reviews Planned Permanent Living Arrangement (PPLA) cases on a quarterly basis to determine whether PPLA is still in the child's best interest and to consider permanent placement options.

In March, 2003 Montgomery County completed an extensive evaluation of the experiences of 379 children in PPLA custody. As a result of findings, Montgomery developed agency specific policies related to placement options, funding, and court processes when considering PPLA as a potential custody status. Montgomery reports progress has been made in decreasing the numbers of youth emancipating from their care with a PPLA permanency goal.

**Evaluation**

In reviewing 1,417 substitute care cases during CPOE Stage 6, statewide compliance with filing the case plan within 30 days was at a 62.3 percent level. Filing the case plan when sufficient information was not available was at a 70.4 percent compliance level. It should be noted that reviewers determine compliance based upon a file stamped copy of the case plan. Some courts do not file stamp a case plan prior to its review and approval at the court hearing. Review of the case plan and reassessment of the permanency goal at the SAR was achieved at a 94 percent compliance level. As evidenced by the following information, Ohio has improved its compliance with completing and reviewing case plans.

CPOE Review	Case plan completed within 30 days	SAR completed every 6 months	SAR completed by a panel
Stage V	54%	86%	91%
Stage VI	64%	94%	98%

**Factors Affecting Permanency Data Profile Element III, First-Time Entry Cohort Profile Element III**

*Ohio Child and Family Services Data Profiles, Point in Time Permanency Profile* indicates the most frequent permanency goal is reunification followed by adoption, long-term foster care, and emancipation. This pattern is consistent with ORC case plan goal priorities. The following table contains information by permanency goal.

OHIO PERMANENCY GOAL					
GOAL	FFY 2004 ab	FFY 2005 ab	FFY 2006 ab	12-Month Period Ending 3/31/07	FFY 2007ab
	% of children	% of children	% of children	% of children	% of children
Reunification	41.4	41.7	69.4	67.5	68.3
Adoption*	21.9	20.1	4.4	3.2	3.3

OHIO PERMANENCY GOAL					
GOAL	FFY 2004 ab	FFY 20005 ab	FFY 2006 ab	12-Month Period Ending 3/31/07	FFY 2007ab
	% of children	% of children	% of children	% of children	% of children
Long-Term Foster Care (AKA-Planned Permanent Living Arrangement)	9.3	9.6	3.42	2.8	2.2
Emancipation	5.5	6.3	.7	1.0	.9

It should be noted, a child's permanency goal does not change to adoption until permanent custody is awarded to the PCSA. Adoption data becomes more reliable with the inclusion of the AFCARS "C" file. Thus, data from FFY2006 forward may be inaccurate.

A disconcerting finding from analyzing the data files, is the lack of current "case plan goals" recorded electronically by PCSAs. This number continues to increase. Once SACWIS is "rolled out" in all counties, additional quality assurance efforts will be implemented. It is anticipated this issue is related to a "data entry error or problem" as local courts regularly review and approve case plans. The case plan goal is documented on the first page of the case plan document template.

To address the question of timeliness in establishing a case goal of adoption, ODJFS administered a survey pertaining to adoption-related issues. The survey was completed by approximately 200 respondents, with key respondents including judges (36), public agency administrators (67), public agency supervisors (30), and public agency caseworkers (35). Other survey respondents were private agency caseworkers (4), supervisors (4), and administrators (11); various representatives from the child welfare-related legal system (14); child advocates (3); service providers (5); and others (13).

Respondents were asked the following question: In your opinion, how effective is the child welfare agency in establishing a case goal of adoption in a timely manner? Survey findings were the following: 32 percent of respondents said the agency was very effective in establishing a case goal of adoption in a timely manner; 62 percent said the agency was somewhat effective; 4.5 percent said the agency was not at all effective; and 3.5 percent had no opinion on this question.

An analysis was conducted to determine whether answers to this question varied as a function of the respondent's job. Because of sample sizes, the job categories were limited to judges and public agency administrators, supervisors, and caseworkers. Although there were no significant differences in responses overall, 45 percent of the caseworkers indicated the agency was very effective in establishing a case goal of adoption in a timely manner compared to 21 percent of supervisors, 33 percent of judges, and 36 percent of agency administrators.

#### Factors Facilitating Establishing a Case Goal of Adoption in a Timely Manner

Respondents were also given a list of possible facilitating factors and asked to identify those that were most likely to facilitate the establishment of a case goal of adoption in a timely manner. The following were most frequently identified by respondents as facilitating factors:

- Agency monitoring of ASFA timeframes for individual cases (73 percent of respondents).
- Conducting a comprehensive assessment of the probability of family reunification (68 percent of respondents).
- Court support for establishing the goal of adoption (67 percent of respondents).

An additional finding was that 83 percent of judges identified training for court personnel on ASFA timeframes as a facilitating factor, compared to only 51 percent of supervisors, 54 percent of administrators, and 26 percent of caseworkers. However, a substantial percentage of caseworkers, supervisors, and administrators indicated they had no opinion with regard to the effectiveness of training of court personnel.

As shown in the table below, responses varied as a function of the respondent's job. Judges and supervisors were more likely than caseworkers and agency administrators to perceive agency monitoring of ASFA timelines as a facilitating factor. Judges were more likely than other respondents to identify court support for the goal of adoption as a facilitating factor.

Facilitating Factors	Job Description			
	Caseworkers	Judges	Supervisors	Agency Administrators
The agency monitors ASFA timelines for each case.	61%	91%	91%	70%
Comprehensive assessments are done of the probability of family reunification.	56%	64%	71%	73%
Court support for establishing a goal of adoption.	52%	81%	73%	72%

### Role of the Court

In response to the federal CFSR findings, and an indication that system barriers might be contributing to cases exceeding court time frames, ODJFS, SCO and the Ohio Association of Juvenile Court Judges established a state-wide program entitled *Beyond the Numbers*. Over time, *Beyond the Numbers* evolved to include a variety of presentations and approaches, all intended to result in intersystem collaboration at a local level, both procedurally and philosophically. Eighty-one of Ohio's 88 counties participated in some facet of *Beyond the Numbers*, e.g. sending court and agency personnel to regional meetings, convening local team meetings, participating in SCO's case flow management course.

As a component of state-level efforts, Chief Justice Moyer sent a team of statewide leaders to the National Justice for Children's Summits in 2005 and 2007. Chief Justice Moyer's April 2007 speech to the Ohio General Assembly included the announcement that he and Governor Ted Strickland would be co-sponsoring a series of Ohio Children's Summits. The first of these occurred on May 1, 2008 with a follow-up event scheduled for Fall 2009. Seventy-nine county teams attended the 2008 two-day event. The message underneath all SCO's and ODJFS' joint efforts has been that meaningful change occurs on a community level.

Between 2004 and 2007, each administrative juvenile judge was personally contacted by Supreme Court of Ohio staff for a report on *Beyond the Numbers* activities. Judges were each sent surveys that set forth program expectations, asked for written update, and alerted to the Supreme Court of Ohio's continued interest. On-site facilitation and technical support was provided if requested by local courts. Each *Children, Families and the Court: Ohio Bulletin* highlights counties' *Beyond the Numbers* successes in an effort to provide positive focus on courts' abilities to facilitate change. Chief Justice Moyer highlighted and verbally praised the accomplishments of several *Beyond the Numbers* counties in his address to the Ohio General Assembly.

Throughout the state, judicial officers, court personnel, practitioners, agency leaders and staff, and community providers, have a heightened awareness of state and national expectations surrounding the

timely and effective placement of children in safe and permanent homes. But, of course, the big question is “does it make a difference?” This increased awareness coupled with facilitated attention paid to improving dependency case flow management have resulted in improved results for children. 2003 – 2006 statistics reported to the Supreme Court by the 88 juvenile courts in the state show a 4% reduction in Abuse/Neglect/Dependency cases reported as exceeding time guidelines and a 13.6% reduction in Termination of Parental Rights cases reported as exceeding time guidelines.

<b>Percentage of Cases Reported Exceeding Time Guidelines</b>		
Year	Abuse/Neglect/ Dependency	Termination of Parental Rights
2003	20.4%	21.7%
2005	18.34%	11.92%
2006	16.45%	8.14%

Although much of the SCO and ODJFS’ effort has, to this time, been focused on CFSR time frame indicators, this collaborative now is asking courts and their communities to also consider aspects impacting children’s well-being. To this end, communities have been asked to include funding and education representatives in their summit teams, as well as service providers.

**Strengths and Promising Approaches**

County agencies collaborate with magistrates, judges, attorneys, Guardians ad Litem and contract agencies. All of these individuals are responsible for each case so that dispositions are heard and determined in a timely manner. They work together to determine the barriers or areas that hinder the process and have facilitated methods to increase efficiency and timely permanency determinations for children.

Hamilton County reports that following a recommendation to place a child in a permanent placement, the court generally agrees with the agency’s recommendation. The relationship between the court and the agency and the documentation submitted is clearly defined that the court is satisfied with the agency’s recommendation. Hamilton County and the judicial staff meet on a monthly basis to review problematic cases and determine what practices either within the agency or court may be causing a delay, or barrier. These meetings also allow the court and agency to review cases that may show trends and can lead to resolutions of any barriers that occur in the future with similar cases. Additionally, Hamilton County’s judicial chief administrator has issued a mandate that the agency shall have an adjudication within 150 days. The magistrate also reviews the case every 30 to 45 days to remain timely with the court hearings and move forward either toward reunification or a permanent placement. During court hearings the magistrates reminds all participants while in the court hearing of the child’s length of stay in care and how much longer the child has until a permanency goal needs to be finalized.

Logan County’s efforts focus on facilitating relative adoptions. Instead of having prolonged stays in a Planned Permanent Living Arrangement (PPLA) status, the county seeks to place children with relatives. The continuity for the child and the family is maintained and the family may receive ongoing financial and educational assistance. This assistance can follow the child into college or technical training.

**Barriers**

Early identification and assessment of kinship resources in the case planning process, lack of involvement of the prospective caregiver in the permanency planning process, timely determination of a permanency goal and delays in implementation of concurrent case planning have been identified as potential barriers to establishing permanency goals for children.

Additionally, the factors most frequently identified by survey respondents as barriers to establishing a case goal of adoption in a timely manner were the following:

- Children’s unwillingness to be adopted (80 percent of respondents).

- Granting of continuances to permanency hearings (82 percent of respondents).
- The fact that the child’s mental health or behavioral issues have not been adequately addressed (74 percent of respondents).
- High caseloads of caseworkers that limit the time they can devote to cases (68 percent of respondents).

As shown in the table below, respondents’ opinions differed somewhat as a function of their job.

Barriers	Job Description			
	Caseworkers	Judges	Supervisors	Agency Administrators
Children’s unwillingness to be adopted	78%	90%	95%	79%
Granting of continuances to permanency hearings due to requests from parent’s attorneys	100%	67%	93%	77%
The fact that children’s mental health or behavioral issues have not be adequately addressed	65%	75%	77%	78%
High caseloads of caseworkers that limit the time that they can devote to cases	79%	75%	57%	63%

Judges were less likely than other respondents to identify the granting of continuances as a barrier. However, 100 percent of caseworkers and 93 percent of supervisors expressed the opinion continuances are a barrier to establishing an adoption case goal in a timely manner. Supervisors and judges were more likely than caseworkers and agency administrators to identify children’s unwillingness to be adopted as a barrier. In addition, caseworkers and judges were more likely than supervisors and agency administrators to identify high caseworker caseloads as a barrier.

The survey results are supported by comments made in a discussion group session with representative from 35 public and private agency stakeholders. The discussion group was facilitated by Child Trends for ODJFS. Similar to survey respondents, participants in the discussion session attributed delays in establishing a goal of adoption to court continuances, children having severe mental and behavioral problems, and children not wanting to be adopted. Participants in the discussion group session also indicated delays in establishing a goal of adoption may be attributed to some judges maintaining a goal of reunification beyond a reasonable timeframe even when parents are not participating in the services required in their case plan. This was also noted by survey respondents in written comments on the survey instrument.

The survey and discussion group findings suggest that the agency and the courts share responsibility for both facilitating efforts to establish a goal of adoption in a timely manner and creating delays in establishing adoption as a goal. It will be important to make judges and the courts aware their support for an adoption goal helps facilitate attainment of positive outcomes for children, but at the same time, frequent continuances of hearings result in delays in achieving positive outcomes for children. It will be important to ensure agency staff make concerted efforts to address children’s behavioral and mental health issues.

## **Item 8: Reunification, guardianship, or permanent placement with relatives.**

### **Policy**

PCSAs and private child placing agencies (PCPA) are responsible for preparing case plans when courts award temporary custody of a child to an agency. Courts review, approve, and journalize case plans. ORC § 2151.412 requires the agency to develop, and the court to review, case plans for children to ensure safety and health concerns are adequately identified. Pursuant to ORC § 2151.412, all case plans for children in temporary custody must have the goal of eliminating, with all due speed, the out-of-home placement to return the child safely home.

ORC § 2151.353 requires temporary custody orders to be terminated within one year after the complaint filing date, or the date the child was first placed into shelter care, whichever comes first. However, at the temporary custody termination hearing, PCSAs may request a 6 month extension if: (1) there is clear and convincing evidence the extension is in the child's best interests; (2) there is significant case plan progress; and (3) there is reasonable cause to believe the child will be reunified with a parent or permanently placed before the extension expires (ORC § 2151.415). The ORC provision allows up to one additional extension for the same above stated reasons. Extension reasons may also serve as compelling reasons not to pursue termination of parental rights.

As noted in earlier sections, agencies must provide supportive services outlined in the case plan to facilitate safe reunification of children with their families (OAC 5101:2-39-05, 5101:2-42-87). Preparing for the child's return home begins at the time of removal. To support reunification efforts, agencies are required to:

- Arrange visits or other contacts, as needed, between the parent, guardian, or custodian and child to discuss what transpired between the time of initial placement and the present.
- Increase the length and number of home visits to help the child become reacquainted with his family.
- Meet with the substitute caregiver, parent and child on a monthly basis to determine case goal achievement.

PCSAs are required to complete reunification assessments when considering reunification and when a child is placed out of the home through either a voluntary out of home safety plan or a legally authorized out of home placement for 30 days or more. Agencies strive for reunification with the family, when appropriate. Caseworkers document the family's reunification readiness by assessing: (1) past and present safety; (2) parents' compliance with court orders; (3) the child's and parent's acceptance of the reunification plan; (4) the capacity of the parents to provide for the child's basic needs; (5) the parents' and other household members' willingness to use their protective capacities, resources, and strengths to provide support to the child; (6) family dynamics, which may change when the child returns home; and (7) the parents' demonstrated ability to meet the child's needs. Caseworkers also complete a safety reassessment at this time (OAC 5101:2-37-04).

### **Practice**

Ohio's first Program Improvement Plan (PIP) for the previous CFSR established a goal for Ohio to increase the percentage of reunifications, guardianships, or permanent placements with relatives within 12 months of entry into foster care from 73.0 percent to 75.4 percent. Although Ohio's final PIP report indicated a compliance rate of 74.24 percent, Ohio implemented all of its PIP action steps, including:

- Developing a parental rights brochure to provide to parents at the time of initial agency contact, to educate them about the child welfare process and their rights.
- Developing learning competencies within the Ohio Child Welfare Training Program (OCWTP), to help caseworkers identify, assess, and involve kinship caregivers in the case planning and placement process.

- Providing county-specific focused technical assistance to two PCSAs (with the greatest adverse impact on Ohio's results) with the lowest performance on reunifying children within 12 months of removal from home.
- Developing county specific QIPs to improve performance in CPOE Stage 5 and CPOE Stage 6 Reviews.

PCSAs implemented the following CPOE Stage 6 performance improvement strategies: (1) conducting team meetings to monitor progress and to initiate improvement efforts; (2) developing a tracking system to monitor 12-month reunification time frames; (3) studying reasons for court continuances; and (4) expanding supportive services for relative caregivers.

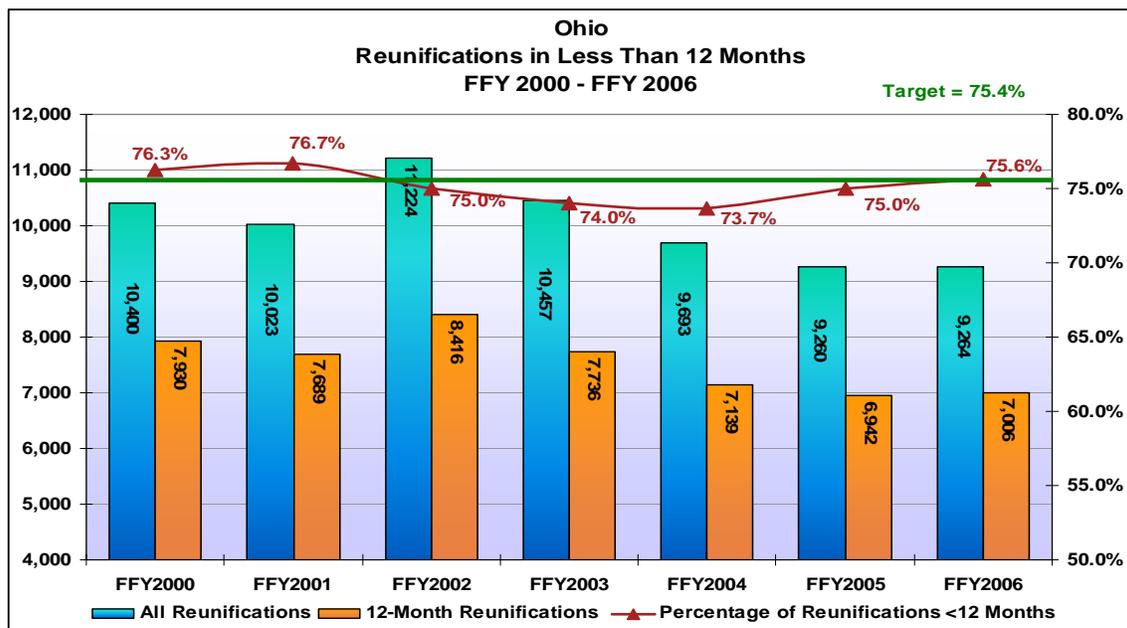
Key collaborators in reunifying and making permanent placements include: PCSAs, courts, and families. PCSAs also work with other social service agencies to provide families with supportive services to promote reunification.

### Changes in Performance and Practice

During this time period the CAPMIS Reunification Assessment Tool was refined and implemented by counties using SACWIS.

### Evaluation

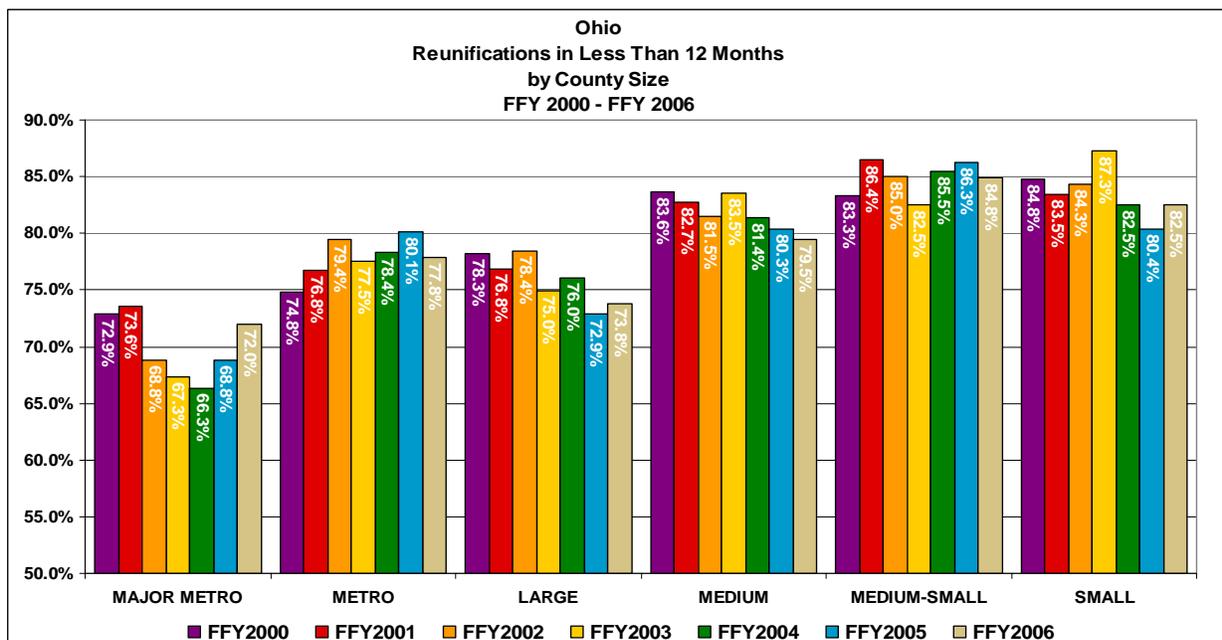
In FFY 2006, Ohio's overall reunification rate within 12 months was 75.6 percent, which exceeded the PIP goal of 75.4 percent by 0.2 percentage points (FACSIS data).



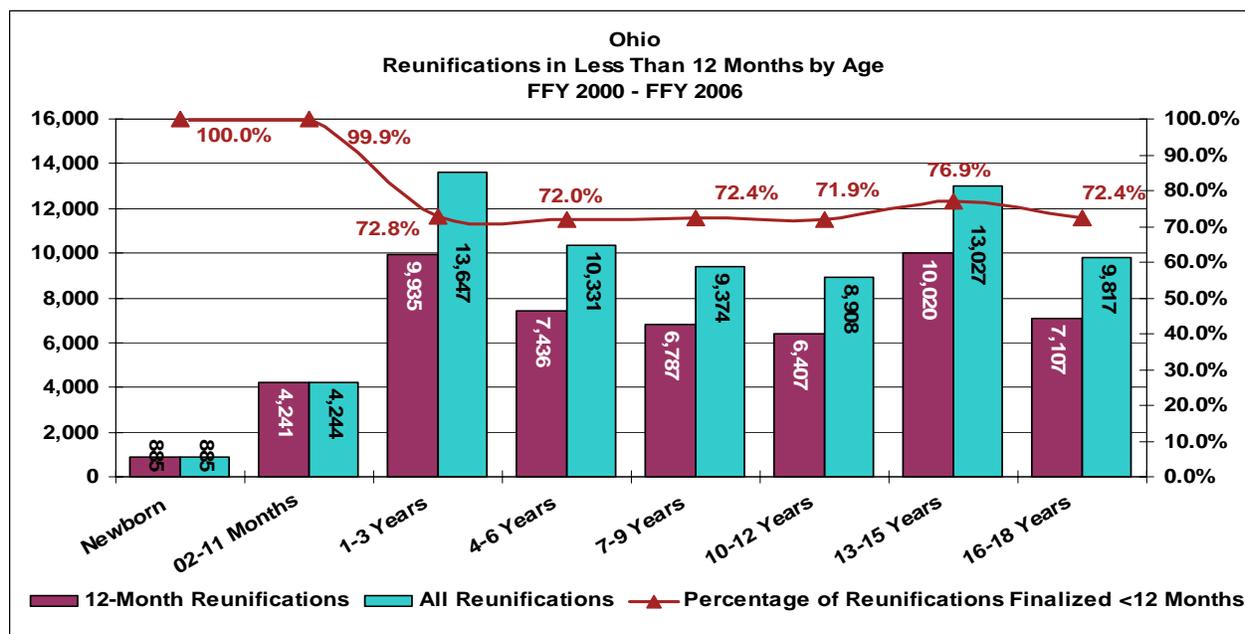
In FFY 2002, more than 11,000 children were reunified or permanently placed with relatives within 12 months of their entry into foster care. Unfortunately, from FFY 2003 through FFY 2005 the number of timely reunifications gradually declined. In FFY 2006 the reunification rate remained flat from FFY 2005.

Small and medium-small counties consistently performed better than the larger counties in reunifying children within 12 months. However, from FFY 2004 through FFY 2006, the major metro counties showed the most dramatic improvement, from a low of 66.3 percent to a high of 72.0 percent. Major

metro counties were the only group demonstrating improved performance during both FFY 2005 and FFY 2006.



From FFY 2000 through FFY 2006, of the 70,321 children reunified within 12 months, children under the age of 1 were reunified almost 100 percent of the time. During FFY 2006, children under the age of 1 (100 percent) and children 13-15 years old (78.1 percent) were reunified at rates exceeding the federal standard of 76.2 percent. In FFY 2006, reunification within 12 months was most difficult for children 16-18 years old (70.7 percent).



Examining *Ohio Child and Family Services Review Data Profiles* for the first Round of the CFRS reunification standard, reveals Ohio has steadily increased reunification rates until FFY 2007. There has always been a discrepancy between Ohio's FACSIS and AFCARS reunification data. ODJFS has never

obtained the coding structure to permit data analysis using AFCARS reporting methodology. In addition, some Ohio agencies were using the FACSIS “Court Terminated” code, instead of selecting a code that would indicate where the child was placed following custody termination. Efforts were made to correct this practice.

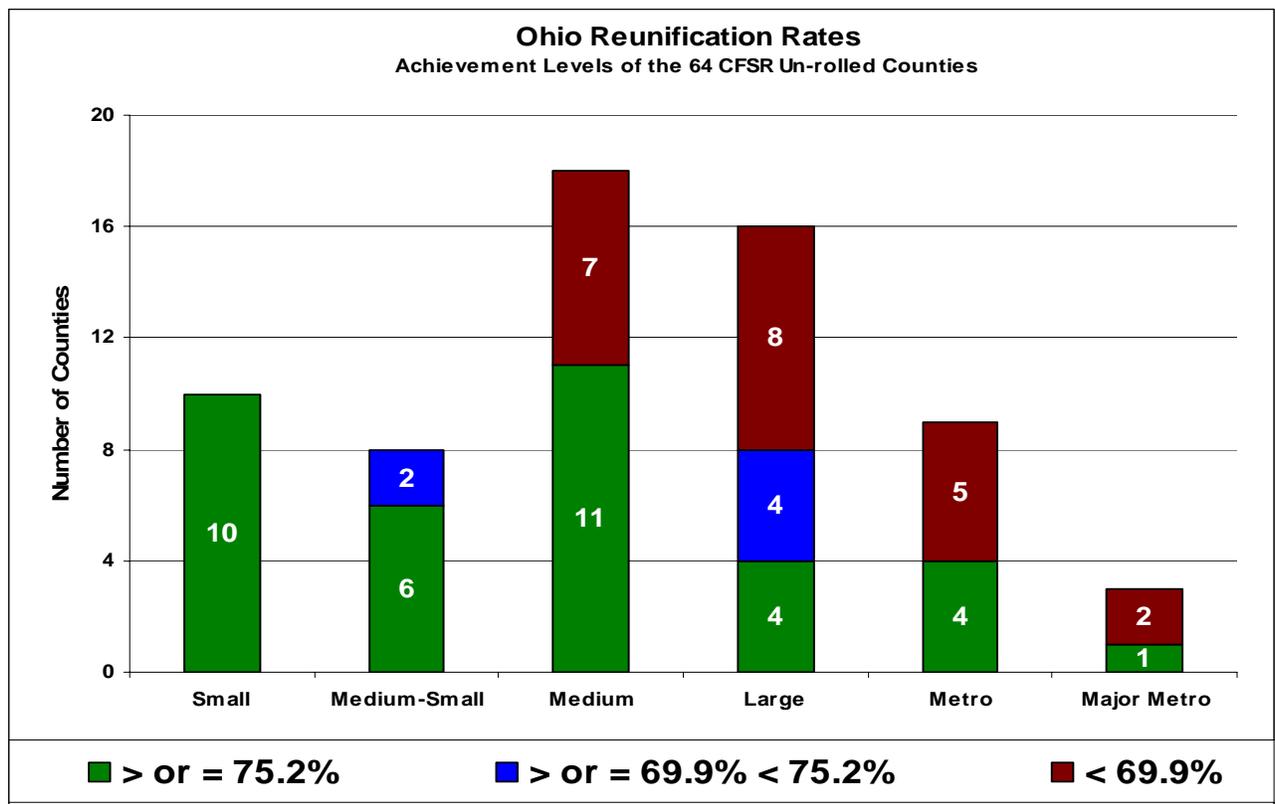
*Ohio Child and Family Services Review Data Profiles Permanency Composite 1, Component A: Timeliness of Reunification* reveals Ohio’s erratic performance in this area. Data quality issues were identified for FFY 2007ab results

CHILDREN REUNIFIED WITH PARENTS OR CARETAKERS IN LESS THAN 12 MONTHS				
FFY 2004ab	FFY 2005ab	FFY 2006ab	12-Month Period Ending 3/31/07 (o6b07a)	FFY 2007ab
71.4%	72.9%	70.8%	72.4%	71.1%

**Factors Affecting Performance on Permanency Data Profile, Element IX**

**Permanency Composite 1: Timeliness and Permanency of Reunification, Component A, Measure C1-1.**

Since FFY 2005, Ohio exceeded the national median of 69.9 percent for timeliness of reunifications in less than 12 months. Ohio’s small, medium-small, and medium sized counties have had the best success with this measure.



All 10 small counties (Adams, Champaign, Fayette, Hardin, Hocking, Jackson, Perry, Pike, Vinton, Williams) exceeded the 75th percentile. All 8 medium-small counties (Brown, Clinton, Crawford, Fulton, Guernsey, Highland, Preble, Union) also exceeded the 75<sup>th</sup> percentile. Of the eighteen medium-size

counties (Ashland, Athens, Belmont, Darke, Erie, Geauga, Hancock, Huron, Jefferson, Lawrence, Marion, Muskingham, Ross, Sandusky, Scioto, Seneca, Tuscarawas, Washington) 11 exceeded the 75<sup>th</sup> percentile.

The 16 large counties had more difficulty with this measure, possibly because of data entry problems or difficulties in scheduling court hearings. However, 4 large counties (Clark, Columbiana, Medina, and Wood) exceeded the 75<sup>th</sup> percentile of 75.5%, and 3 large counties (Miami, Warren, Wayne) exceeded the national median of 69.6%. Four of the 9 metro counties (Butler, Lorain, Mahoning, and Stark) exceeded the 75<sup>th</sup> percentile. Franklin County was the only major metro county that exceeded the 75<sup>th</sup> percentile.

### **Permanency Composite 1: Timeliness and Permanency of Reunification, Component A, Measure C1-2.**

This measure addresses the median length of stay of all children after they are reunified or permanently placed with relatives. From FFY 2004 to FFY 2007, Ohio's performance was below the national average of 6.5 months. However, the average length of stay for children who achieved reunification was consistent with 6-month interval time frames for conducting SAR reviews. At the SAR, caseworkers are required to indicate the estimated date each child in the family may be returned home and whether supportive services have resulted in a lower risk for the child. With CAPMS' Reunification Assessment Tool and more frequent (every 90 days) case reviews, the average length of stay in foster care may decrease. However, Ohio is gravely concerned that more expeditious reunifications may, in turn, result in higher reentry rates. This relationship is evidenced by examining Cuyahoga and Franklin County's CFSR Round 1 performance results. While Cuyahoga County had difficulty reunifying children in less than 12 months, its reentry rate was lower than Franklin's. Franklin County's performance was the reverse, with reunification standards met, but not reentry standards.

Again, small and medium-small counties have performed better on this measure. According to FFY06b07a data, all small and medium-small counties exceeded the 25<sup>th</sup> percentile (5.4 month length of stay or less). However, several medium and large counties also exceeded the national median of 6.5 months or the 25<sup>th</sup> percentile of 5.4 months. Franklin County was the only major metro to exceed the 25<sup>th</sup> percentile.

### **Permanency Composite 1: Timeliness and Permanency of Reunification, Component A, Measure C1-3: Entry Cohort reunification in < 12 months data.**

Based upon entry cohort reunification data from FFY 2004ab through FY 2005ab, Ohio exceeded the national median of 39.4 percent for discharge from foster care to reunification in less than 12 months from the date of the latest removal from the home. In addition, for the 12-month period ending March 31, 2007 and FFY 2007ab, Ohio exceeded the 75<sup>th</sup> percentile with a performance ranging from 51.6 percent to 52.3 percent. Again, the small, medium-small and medium counties exceed the 75<sup>th</sup> Percentile, but so did a large number of large and metro counties. Franklin County exceeded the 75<sup>th</sup> Percentile and Hamilton County almost exceeded this measure.

### **Strengths and Promising Approaches**

Counties in substantial conformity share the following strengths:

- Caseworkers hold family team meetings and monthly case conferences to review families' progress toward meeting goals and assess agency's efforts;
- Agencies use concurrent planning;
- Caseworkers visit families and/or children at least once a week;
- Courts routinely award protective supervision to the agencies, keeping cases open to monitor and support reunification;
- Parents, relatives, and others are participating in developing case plans;

- Maternal and paternal relatives are considered for possible placement resources. Agencies use Geneograms to identify relatives.
- Courts journalize case plans.
- Most agencies now use CAPMIS, which includes a reunification readiness/planning tool.

### **Barriers**

Counties not achieving the measure experienced the following common barriers:

- Limited availability of mental health, drug and alcohol, and other identified services to families;
- Lack of early identification and assessment of kinship resources in the case planning process;
- Lack of involvement of the parent(s) in the permanency planning process;
- Lack of early and appropriate assessment of families' strengths;
- Lack of timely determination of permanency goals and implementation of concurrent case planning;
- Lack of caregiver effort to comply with case plan;
- Lack of adequate post-placement supports for permanent caregivers;
- Lack of financial resources; large numbers of parents paying child support while working toward reunification;
- Large number of parents in prison;
- Overwhelmed parents with multiple problems, who feel they can no longer cope with child-rearing.

## Item 9: Adoption

### Policy

An adoptive placement occurs only when a Juvenile Court determines a child is not able to return to his birth or legal parents, no suitable extended family or suitable nonrelative is available to accept legal custody, and if the agency has a reasonable expectation of placing the child for adoption (ORC § 2151.41.2). When a child is committed to the permanent custody of the PCSA or PCPA the agency has the responsibility for locating a permanent adoptive family for the child.

Although Concurrent Planning is not mandated in Ohio law, caseworkers receive standardized and mandated concurrent planning training to assist caseworkers in focusing on permanency upon the child's arrival into agency care. OAC rules allow concurrent planning (AKA supplemental plan) from the time the child initially enters agency custody. The agency may develop a supplemental plan in addition to a primary case plan. The supplemental plan enables the agency to locate and work toward a potential permanent family placement for the child while concurrently working on the primary case plan to safely return the child to his own home. The supplemental plan needs to be discussed and reviewed with the child's parent, guardian, or custodian; however, it does not require agreement or approval by the parent, guardian, or custodian (OAC 5101:2-39-08.1, 5101:2-38-05). Ohio rules require that the case plan be reviewed every 90 days either through a CAPMIS review, when CAPMIS is implemented, or at each 6 month SAR. Permanency review components relate to assessing and updating all efforts to locate a permanent home for the child whether it is reunification, kinship or adoption (OAC 5101:2-38-10).

A custodial agency is required to file a motion with the Juvenile Court for permanent custody of the child if the child is in the custody of the agency for 12 or more months of a consecutive 22 month period unless there are compelling reasons not to file a motion requesting permanent custody of the child (ORC §2151.41.3). Once an agency files a motion of permanent custody, the agency is required to develop a specific plan, as a part of the case plan, outlining actions to seek an adoptive family and actions to prepare the child for adoption. This case plan must be journalized by the court (ORC §2151.41.3).

The agency is also required to notify the foster parent or the relative of the child when they seek permanent custody in order for the foster parent or the relative to be considered for the child's adoptive placement (ORC §5103.161). According to Ohio policy, a child must be permanently committed or permanently surrendered to a PCSA; and the 30 day appeal period following the file stamp date of the journal entry granting permanent custody must have expired, prior to the child being placed for adoption with a family. The child can only be placed with a family who is approved for an adoptive placement.

ODJFS requires PCSAs, PCPAs, and PNAs to submit an annual recruitment plan on May first of each year (OAC 5101:2-48-05). Once a child has been permanently committed and remains in agency permanent custody for 90 days, OAC requires the agency to list the child with the Ohio Adoption Photo Listing (ORC § 5103.15.4, OAC 5101:2-48-07).

Agencies are required to conduct a pre-adoptive staffings no later than 45 days after the execution of the permanent surrender or of the file stamp date of the permanent custody order of a child. The pre-adoptive staffing is the process of identifying, planning and coordinating services for a child after the execution of the permanent surrender or the file stamp date of the permanent custody order (OAC 5101:2-48-16). In order to assure comprehensive planning for the child, the following individuals are required to be invited to the pre-adoptive staffing conference: the caseworker and supervisor; the adoption caseworker and supervisor; the Guardian Ad Litem; and any other professionals that have knowledge of the child.

Likewise, 90 days after the judgment entry file stamp date granting permanent custody of the child and every 90 days thereafter the agency is required to hold a matching conference for the child to review potential families for the child. Again those individuals who have knowledge of the child including the child's caseworker, counselors, Guardian ad Litem must be invited to the matching conference. If an

agency does not have families available to be considered for a child for a matching conference the agency must conduct a search of the SACWIS system to determine potential families throughout the state (OAC 5101:2-48-16 - effective 12/11/2006).

Ohio implemented the use of a standardized combined foster and adoption homestudy in 1997. While it is a requirement that the homestudy be used, it is not a requirement that all families be certified as both a foster parent and approved as an adoptive parent. Ohio also approves use of an expedited application for a foster caregiver who seeks to adopt a foster child who has lived in the foster caregivers home for at least twelve consecutive months prior to the date the foster caregiver submits the application to the agency. Additionally, the time a foster child has resided with a foster caregiver who is going to adopt the child which is directly preceding the filing of the petition is counted towards the six month waiting period that the child is required to be in the home prior to finalization of the adoption (ORC § 3107.13).

Since the completion of the CFSR PIP, revisions to the homestudy and placement process were made, largely due to legislative response to a highly publicized adoption case involving 11 adopted children. Since December 11, 2006, a Multiple Child Assessment is required when a family seeks to adopt a child and will have a potential for five children to permanently reside in the home after the child is placed in the home. The Multiple Child Assessment is completed as part of the homestudy, or updated homestudy. This assessment evaluates the adoptive applicant's ability to meet the child's needs and to continue meeting the needs of all children residing in the home (ORC §3107.032, OAC 5101:2-48-11, 5101:48-11.1, 5101:2-48-12).

A second revision since the PIP, stipulates that adoptive applicants are required to complete a child abuse registry check prior to adopting and at each homestudy update. The resulting summary report lists abuse/neglect determinations/allegations of which the prospective foster or adoptive parent is involved and the PCSA has done one of the following:

- (1) Determining that abuse or neglect occurred;
- (2) Initiating an investigation, and the investigation is ongoing;
- (3) Initiating an investigation and the agency was unable to determine whether abuse or neglect occurred.  
(ORC §3107.034, OAC 5101:2-48-11.1, 5101:2-48-12)

Recent OAC rule revisions also provide systematic exchange of relevant information at two critical points in the adoption process; when an adoptive home study is initiated and later when planning is underway to place a specific child or children with a prospective adoptive family. A PCSA arranging an adoption in another county, or a private child placing agency (PCPA), or a private noncustodial agency (PNA), or an attorney arranging an adoption, must notify the PCSA in the county in which the prospective adoptive parent resides within ten days after initiation of an adoptive home study. The PCSA which has received notification is to share relevant information regarding the prospective adoptive parent as soon as possible after initiation of the home study. Additionally, if a PCSA is arranging an adoption in a county other than the county where that PCSA is located, or PCPA, or a PNA, or an attorney arranging an adoption, must notify the PCSA in the county in which the prospective adoptive parent resides of an impending adoptive placement no later than ten days prior to that placement. Notification shall include a description of the special needs and the age of the prospective adoptive child and the name of the prospective adoptive parent and number of children that will be residing in the prospective adoptive home when the prospective adoptive child is placed in the prospective adoptive home (ORC §3107.10).

## **Practice**

### **Concurrent Planning**

Although Concurrent Planning is not mandated in Ohio, as of September 2007, the Ohio Child Welfare Training Program (OCWTP) incorporated the concurrent planning conceptual framework into the 102 hours of required new caseworker core training. Additionally, more in depth Concurrent Planning courses

are available through the OCWTP. The Concurrent Planning philosophy was also incorporated in the OCWTP Assessor Training Birth Parent Module as of September 2007. This module is required of all public and private agency staff who work with adoptive children and families.

Many agencies have developed concurrent planning policies and practices and have shared their models with the rest of the state during various presentations sponsored by ODJFS. Cuyahoga County Department of Children and Family Services (CCDCFS) and Beech Brook have shared their "Two Way Home" model program at a statewide quarterly child welfare manager meeting this past year and also at the CFSR Statewide Assessment Workgroup in January. CCDCFS contracts with Beech Brook's "Two Ways Home" to serve children six months after initial custody. The program has small caseworker/family ratios that are paired with a CCDCFS caseworker. The "Two Ways Home" case manager aggressively focuses on reunification services for the birth family and develops other kin who may serve as an alternate permanent placement for the child. One positive aspect of this program is that birth parents may not feel as intimidated by private agency staff, which may lead to a more expedient and positive outcome for the child.

During the past two Twelve County Metro Meetings staff have compared their concurrent planning models to improve upon their respective practices. Discussions centered on the Lorain County and Franklin County models.

Lorain County has developed the "Permanency within One Year" initiative. The "Permanency within One Year" initiative has:

- created significant improvements in the agency's overall work system by implementing concurrent planning at the beginning, investigation level;
- developed positive collaboration and relationships with the court through timely Permanent Custody hearings; and
- led to an increase in community support by way of a foster-to-adopt program and child-specific recruitment.

"Permanency within One Year" plans for a child's permanency goals to begin when a case is first assigned to a worker. All workers, on behalf of the child, work together as a team to ensure all permanency options are explored. The child's adoption worker begins concurrent planning at the time of filing, which allows for a more seamless transition for the court, adoptive family, and the child. This strategy has led to a decrease in the length of time between the date of permanent custody and that of the adoption finalization from 817 days to 126 days. The agency has also developed a recruitment strategy that significantly increased the likelihood that a child's first placement in to foster care was their only placement. This strategy included recruitment of a diverse group of foster families and leading thoughtful matching meetings at the time of initial placement.

Franklin County's model includes the assignment of an adoption supervisor to the case at the time of Permanent Custody filing, as well as their Direct PC unit which assigns an adoption worker to the child from initial custody if there is a strong likelihood the child will be permanently committed. The adoption worker is responsible for all reunification activities as well as working the secondary plan of adoption.

### **Twelve out of Twenty-Two Month TPR Filing**

Many PCSAs regularly schedule case reviews somewhere between the sixth and tenth month to determine if a TPR filing will be pursued. Lorain County regularly reviews cases after six months and Franklin and Lucas County review cases at 10 months. Some agencies report compelling reasons for not filing for TPR can be a result of difficulties in finding and engaging an absent parent in services during the first year. At times, an absent parent appears late in the period and then requires opportunities to engage in services.

## The Ohio Adoption Photo Listing

Throughout calendar year 2007, ODJFS maintained the AdoptOHIO Kids Website at the following URL address: <http://jfs.ohio.gov/oapl/>

The AdoptOHIO Kids Website contains:

- Pictures and narratives of children who are legally available for adoption;
- Publications including the *Ohio Adoption Guide* and *The Subsidy Guide*;
- A calendar listing dates and descriptions of Ohio's adoption and foster care related events;
- The capability for a visitor to search for children based on age, race, gender, number of children;
- The ability for a visitor to complete an interest form on a specific child and e-mail it to the state OAPL coordinator;
- The ability for a visitor to provide comments or ask questions via e-mail.

As of June 1, 2008, 1,747 children were listed in the AdoptOHIO Kids Website.

Six metropolitan counties account for almost 61 percent (1,054) of the children registered on the website. The following chart depicts county specific information.

<b>Counties With 61 Percent of Children Listed in OAPL</b>		
PCSA	Number of Children	Percentage of All Children Listed
Cuyahoga	368	35%
Hamilton	153	15%
Stark	146	14%
Summit	154	15%
Franklin	135	12%
Montgomery	98	09%
<b>Total</b>	<b>1054</b>	<b>100%</b>

In addition, ten counties had no child(ren) referred for placement on the AdoptOHIO Kids website.

From this data, there is not a significant variation in children listed by race. Forty five percent of the children registered are African-American and forty six percent are Caucasian. Fifty nine percent of all the children registered are males, and forty one percent represent females.

### Revisions to the Website during CY 2007

Throughout the calendar year, the child's information was either added or updated on the website, and narratives were edited, as necessary. Additionally the date the child's narrative was posted to the site was clearly listed.

### Recommendations for Future Upgrades

To make the website more user friendly, the following suggestions are being reviewed:

- Place thumbnail pictures on search results so the visitor can see the pictures of several children at once;
- Add the capability for the user to proceed to the next child's page without returning to the search list;
- Enhance search options to permit the visitor to search for children by county or region, and by date the child's listing was posted the website;
- Add additional links to individual PCSA websites;

- Include a survey on OAPL for families to evaluate the contents and functionality of the website.

### Homestudies

Most agencies embrace the use of the Multiple Child Assessment. Some PCSAs had utilized such a document prior to Ohio's standardized tool realizing there are complex issues and potential disruption risks when a child is placed with a large family. These agencies did not use the multiple child assessment as a way to rule out families, but instead as a way to identify needed family supports. Many agencies believe that the multiple child assessment should be a regular component of every homestudy and update. Some agencies that had previously not used a Multiple Child Assessment indicate the tool results in delays. Cuyahoga County Children Services contracts (\$1,500 per assessment) with a provider to complete the Multiple Child Assessment.

From June 1, 2007 to December 31, 2007, there were a total of 13,008 Central Registry on Child Abuse and Neglect search requests; 6,538 from public agencies and 6,470 from private agencies. From July 2007 through November 2007, there was a backlog of searches; however at the end of November 2007 all requests for searches were completed within the 30 day OAC required timeframe.

### Practices Noted by our Stakeholders

Based upon ongoing discussions with public and private agencies, PCSAs achieving higher timely adoption rates incorporated the following practices:

- Restructuring resource alignment and organizational structure to promote timely completion of work products;
- Contracting with individuals or developed separate units to complete the Child Study Inventory (CSI) (comprehensive background information) form;
- Appointing one or more people to manage information and communication for the AdoptOHIO Kids website;
- Contracting with external agencies to develop or coordinate additional homestudy resources for waiting children;
- Partnering seasoned adoption caseworkers with the ongoing service unit to start the adoption homestudy, prepare the child, and begin searching for an adoptive family when the initial Permanent Commitment filing occurs;
- Assigning specialized staff to negotiate the adoption subsidy.

Implementing incentive payments to individuals who adopt special needs children has helped some agencies achieve timely adoptions of older and more difficult to place children. Incentives are frequently based on the child's age, severity of need, or length of time the child is in permanent custody.

In discussing local barriers for achieving timely adoptions, fifteen participants at the November 16, 2007 Adoption Conference CFSR Adoption Measure Workshops recommended:

- Decreasing the 12 consecutive month placement requirement to 6 consecutive months when implementing the expedited homestudy process for foster to adopt placements assuming the family has received regular agency visits while fostering;
- Implementing a statewide Child Study Inventory form to provide consistent information (child's talents/strengths/interests, achievements of the birth family etc.) to therapists and other stakeholders who rely upon such information to assist the family;
- Streamlining the homestudy characteristics checklist to reduce categories and clarify terms;
- Lowering caseloads, improving staff retention, or realigning resources to ensure supplemental case plans are integrated into ongoing casework practice;
- Defining roles and communication expectations in public/private collaborations to facilitate effective concurrent planning approaches;
- Enhancing foster caregiver training to better prepare families, especially with challenges and resources needed to help children with ongoing mental health and dependency needs;

- Improving adoption subsidy negotiation processes by involving objective and potentially external resources to mediate family fears and agency financial strains;
- Reducing legal and court delays by scheduling finalization hearings quickly;
- Requiring mandatory post finalization services to reduce family fears related to service access/availability.

To further address timeliness in adoptions in Ohio, ODJFS administered an adoption-related survey, which was designed by Child Trends. The survey was completed by approximately 200 respondents. Key respondents included judges (36), public agency administrators (67), public agency supervisors (30), and public agency caseworkers (35). Other survey respondents were private agency caseworkers (4), supervisors (4), and administrators (11); various representatives from the legal system (14); child advocates (3); service providers (5); and others (13).

With regard to item 9 concerns, respondents were asked the following question: In your opinion, once a goal of adoption has been established for a child and TPR has been sought, how effective is the child welfare agency in achieving finalized adoptions for children in a timely manner? Survey findings were the following: 36 percent of respondents said the agency was very effective in achieving adoptions in a timely manner, 54 percent said the agency was somewhat effective, 5 percent said the agency was not at all effective, and 6 percent had no opinion on this question.

Respondents' opinions did not differ substantially as a function of their jobs (i.e., whether the respondent was a judge or public child welfare agency administrator, supervisor, or caseworker). However, 50 percent of caseworkers expressed the opinion that the agency was very effective in achieving adoptions for children in a timely manner, compared to 28 percent of agency supervisors, and 37 percent of agency administrators and judges.

### **Factors Facilitating Timely Adoptions**

Respondents were also given a list of possible facilitating factors and asked to identify those that were most likely to facilitate timely adoptions. The following were most frequently identified by respondents as facilitating factors:

- Sufficient adoptive parent recruitment efforts (83 percent of respondents).
- Small caseloads for adoption caseworkers (80 percent of respondents).
- Child-focused recruitment strategies (79 percent of respondents).
- Having specialized adoption units (73 percent of respondents)

Other frequently identified facilitating factors were matching parties (62 percent of respondents) and use of incentive payments to encourage caregivers to adopt the child in their care (66 percent of respondents).

### **Barriers to Timely Adoptions**

The following were the most frequently identified barriers to the agency's efforts to achieve adoptions in a timely manner.

- Lack of adoptive families willing to adopt the children available from the foster care system (88 percent of respondents).
- Lack of available services to address children's behavioral or emotional problems (87 percent of respondents).
- Children's unwillingness to be adopted (82 percent of respondents).
- Lack of a sufficient number of adoptive homes (81 percent of respondents).
- The number of adolescents with a case goal of adoption (75 percent of respondents).

As shown in the table below, there were differences in opinions as a function of the respondent's job. Caseworkers were less likely than other respondents to consider the lack of a sufficient number of adoptive homes as a barrier to timely adoptions. However, caseworkers and supervisors were considerably more likely than judges and agency administrators to identify the number of adolescents with a goal of adoption as a barrier to achieving adoptions in a timely manner

Barriers	Job Description			
	Caseworkers	Judges	Supervisors	Agency Administrators
A lack of adoptive homes willing to adopt the children who are available from the foster care system.	84%	96%	90%	85%
Children's unwillingness to be adopted	94%	86%	93%	81%
Lack of available services to address children's behavioral or emotional problems.	81%	93%	90%	90%
Lack of a sufficient number of adoptive homes.	62.5%	90%	89%	84%
The number of adolescents with a case goal of adoption.	88%	68%	93%	69%

The survey findings are supported by opinions expressed during two discussion group sessions facilitated by Child Trends for ODJFS. One discussion session included representatives from 35 public and private agency staff (agency staff discussion group) and the other included 30 adoptive parents, pre-adoptive parents, and parents in various stages of the adoption process (adoptive parent discussion group). The agency staff discussion group participants indicated that many children do not want to be adopted because they have loyalty to their biological families or are adolescents and want to focus on independent living and college rather than adoption. These discussion group participants also noted that courts are cautious about taking permanent custody of older children because they do not believe that they are adoptable, not only because of their age, but because of their behavior problems. Several participants in the agency staff discussion group suggested that there is too much pressure from the Federal government to achieve adoptions quickly and that this does not allow the caseworker the time to build the necessary relationship with the child and family to prepare them in a way that would prevent disruptions.

Participants in the agency staff discussion group also stressed there are not enough adoptive families who are willing and able to adopt children with the high level of special needs many children in the foster care system have. Additional barriers to achieving a finalized adoption in a timely manner that were noted by these discussion group participants were the following:

- The length of time the TPR process takes, particularly if there is an appeal.
- Various county-level practices that prohibit many adoption-related activities, such as the requirement that the agency cannot begin the matching process until TPR has been granted, even if there is an appeal.
- The financial disincentive for foster parents to adopt because of the disparity between adoption subsidy payments and the board payments for foster parents and services available to the children.
- The needs for services to pre-adoptive families to prevent disruptions prior to finalization.
- The ICPC process, which creates many delays because of the different requirements that various States have.
- The fact that the courts will not approve concurrent goals and that the case plan can only have one goal, even when children are placed in dual-licensed homes.

The adoptive parent discussion group participants expressed concern about the lack of attention that is given to parents who wish to adopt. They were particularly concerned about the fact that they have been told that they are not allowed to become adoptive families without first becoming foster families, even if they do not wish to foster. They also expressed concern about a lack of response from agency

caseworkers to their inquiries and questions and about a court system that seems to give parents multiple chances even when they are not working their case plans. The general opinion expressed by participants in this group is that there are extensive and unnecessary delays in Ohio's adoption process and that by the time the State gets around to considering the child for adoption, the children have developed severe behavioral and emotional problems from their foster care experiences.

Although some participants in the adoptive parent discussion group had adopted children from Ohio, many said they have given up on adopting a child from Ohio and have turned to other States to find adoptive children. They noted that even though they were willing to adopt sibling groups and children with special needs, they often were treated badly or simply ignored by the agency. The consensus of this group was Ohio is not an adoption-friendly State and does not believe in adoption and this results in extensive delays in finding adoptive homes for children.

### **Practices Working With the Court**

#### **Local Snapshot**

As previously mentioned, Hamilton County CDJFS and with Juvenile Court collaborate closely to monitor outcome results. Each court hearing begins with the judge indicating the number of days/months the child has been in out of home care and focuses activities on critical case plan components to ensure timely decisions are made on behalf of the child. Monthly reports are kept by the court on the length of time between hearings and critical decision points. (Note: for further information on court activities refer to Items 26 and 27)

### **Changes in Performance and Practice**

Ohio's PCSAs achieved 1,857 adoptions in FFY 2006, 169 fewer than the previous year. It is important to note, fewer numbers of children are entering permanent custody each year. Sixty fewer children entered permanent custody in FFY 2006 than in 2005, largely a result of fewer children entering permanent custody in metro counties. Thirty-eight percent of the children in custody (5435) are in Permanent Custody. During Calendar Year 2007, 1661 children were adopted.

According to the November 21, 2006 AFCARS report 60 percent of all adoptions across the country are by foster parents. Ohio is slightly below this figure; in FFY 2006, foster parents accounted for 54 percent of all adoptions. When relative foster parents are added, the adoption rate increases to 58 percent. Each year the proportion of "foster to adopt" cases continues to grow. In FFY 2004, 47 percent of adoptions were by unrelated foster parents compared to 50 percent in FFY 2005 and 54 percent in FFY 2006.

Ohio saw a slight drop (30.9 percent in FFY 2005 to 30.2 percent in FFY 2006) in the percent of children adopted within 24 months of initial custody. In FFY 2006, 561 adoptions occurred within two years of initial custody. To meet the federal standard an additional 33 adoptions would have had to have been achieved within that same time period. For Calendar Year 2007 the percent of adoptions rose to 35 percent.

### **County Influences or Issues**

Most (70 percent) of Ohio children waiting for adoption are in metropolitan counties. In FFY 2006, 28.1 percent of adopted children moved from initial custody to adoption within 24 months. In the first half of FFY 2007 the proportion was up to 34.5 percent. In reviewing metro county performance, one in three adopted children enters permanent custody within a year of initially coming into care. Nine of the 12 metro counties achieved a higher proportion of children entering permanent custody in one year than they did in FFY 2006. Over half of the adopted children in Lucas County move from initial custody to permanency within one year.

In reviewing length of time it takes to finalize an adoption from the point of TPR, more than half of the adopted children in six counties (Lake, Franklin, Lorain, Montgomery, Lucas and Summit) were adopted within one year of entering TPR.

### **Casework Practices and Resource Issues**

#### **PASSS**

Post Adoption Special Services Subsidy (PASSS), is a unique state-funded program designed to assist eligible families, after adoption finalization, with family preservation services to meet the child's treatment needs. Services may include:

- Medical and surgical services;
- Supportive family services, including respite care services;
- Psychiatric, psychological and counseling services; and
- Residential treatment services (maintenance and treatment costs only).

The subsidy is available to all adoptive families, with the exception of step parent adoptions, regardless of the type of adoption (international, attorney, public or private agency). The PCSA must assess the child as needing public care or protective services to be eligible for PASSS funding. PASSS funding is based on a state fiscal year (SFY), July 1 through June 30.

This year a constituent questioned the use of PASSS Funds for nontraditional therapies and ODJFS and the Ohio Department of Mental Health (ODMH) developed the following guiding principles to promote child safety.

- The provision of a physically and psychologically safe environment is a basic foundation and requirement for effective mental health treatment. Creating calm surroundings and establishing positive, trusting relationships are essential to facilitating a person's treatment and recovery.
- All therapeutic interventions that are provided with PASSS funds shall be administered by Ohio independent licensed providers licensed in psychology, psychiatry, social work, counseling or advanced practice nurse and are expected to adhere to the code of ethics of the licensing body. The provider shall release information to the PCSA providing payment arrangements for the services and to the child's adoptive parent(s).
- Interventions involving noncontingent physical restraint or coercion (e.g., "therapeutic holding" or "compression holding"), "reworking" of trauma (e.g., "rebirthing therapy"), or promotion of regression for "reattachment" have no empirical support and have been associated with serious harm, including death, and are therefore not to be a service provided utilizing state PASSS dollars. Specific interventions prohibited from being funded through PASSS include but are not limited to:
  - Face down restraint with back pressure;
  - Any technique that obstructs the airways or impairs breathing;
  - Any technique that obstructs vision;
  - Any technique that restricts the recipient's ability to communicate;
  - Pepper spray, mace, handcuffs or electronic restraint devices such as stun guns; and
  - A drug or medication that is used as a restraint to control behavior or restrict the individual's freedom of movement that is not a standard treatment for the individual's medical or psychiatric condition.

#### **AdoptOHIO Kids Funding**

ODJFS provided AdoptOHIO Kids 2007 allocations (pursuant to OAC 5101:9-6-75) to PCSAs to promote permanent families for children through adoption. A total of \$9.1 million TANF dollars were provided in SFY 07 for AdoptOHIO Kids allocations to PCSAs. PCSAs received allocations based on the following formula:

- Average number of children, ages nine and older served during SFYs 2004, 2005 and 2006.

- Number of permanently committed children in PCSA's custody on July 1, 2006 for 16 months or less, who are not placed in an adoptive home.
- Minimum \$2,5000 allocation for each PCSA.

Allocations are expected to increase the overall number and timeliness of adoptions. Allocations target two-parent and single adoptive parent families who meet Ohio's standard of need (120% of the state median income scaled to family size including the presence of any adopted children for single parents). There is no standard of need for two parent adoptive families. Allocation funds can only be used for purchased services or one-time incentive payments to adoptive families upon finalization. Examples of allowable purchased services (such as family recruitment/home studies, pre-adoptive training for parents/families, peer counseling/mentoring for pre-adoptive parents/families, and pre-finalization case management or one-time incentive payments) to adoptive families upon finalization. Funds may support agency recruitment campaigns and promotional activities only when themes focus on promoting two parent adoptive families. Grants to faith based organizations are permitted and encouraged within the restrictions noted above.

Please see Item 44 which addresses the families available for special needs.

**Evaluation**

The previous CFSR PIP noted an OAC rule revision decreased the time frame (60 to 30 days after TPR) for agencies to complete the Child Study Inventory (CSI) to promote timely adoption for children.

Statewide CPOE Stage 6 results for 652 adoption cases assessed PCSA's compliance with select adoption rules. Sixty-two percent of cases met CSI compliance requirements. Some larger counties contract with individuals to complete the CSI. Others utilize a functional database that pulls information forward from all parts of the agency. Only 60 percent of agencies reviewed updated CSI information at each SAR. The purpose of this requirement is to promote accuracy of CSI information for matching conferences. Agencies were more successful at including required information in the CSI, especially as reflected in 91 percent compliance for including the child's special needs and 92 percent compliance for including the child's placement history.

The majority of cases revealed that monthly visits were held following placement; however, PCSAs were complying with timeframes for conducting foster care visits (typically monthly) rather than the required seven day visit upon adoptive placement. The initial adoption case visits were only in compliance 50 percent of the time as PCSAs failed to understand a seven day visit was required upon the official adoptive placement date even when the child had been placed in the foster to adopt home for many months.

While complexity in the ICPC process is frequently identified by PCSAs as one of the delays in timely placements, the sample suggests that in 28 ICPC case, PCSAs provided necessary ICPC requests to the state. This process will be discussed in more detail in Item #45.

**Ohio's Performance on the New CFSR Measures**

**(C 2.1) - Of all children who were discharged from foster care to a finalized adoption, what percent were discharged in less than 24 months from the date of the latest removal from home.**

Ohio exceeded the 75<sup>th</sup> percentile in FFY 2007ab. It should be noted, in all prior years Ohio exceeded the 26.8 percent national median.

	FFY 2004ab	FFY 2005ab	FFY2006ab	12-Month Period Ending 3/31/07	FFY 2007ab
C 2-1	28.3%	30.9%	29.9%	34.9%	37.4%

PCSAs achieving or exceeding the 75<sup>th</sup> percentile were: Adams, Perry (small size), Crawford , Union (medium-small size), Athens, Belmont, Erie, Geauga, Lawrence, Marion, Muskinghum, Sandusky, Seneca, Tuscarawas (medium), Clark, Fairfield, Greene, Licking, Medina, Miami, Portage, Warren (large), Lorain, Lucas, Stark, Trumbull (metro) , Franklin (major metro). Lucas and Franklin County's efforts in this area were previously mentioned. Lorain County encourages its resource families to commit to providing a permanent home when the family accepts a placement.

**(C2.2) - Of all children who were discharged from foster care to a finalized adoption, what was the median length of stay in foster care (in months) from the date of the latest removal from home to the date of discharge to adoption.**

Ohio rated at 30.2 months as compared to the 25<sup>th</sup> percentile of 27.3 months for FFY 2007ab. The best level of performance was achieved in the 12-month period ending March 31, 2007, as Ohio exceeded the national median of 32.4 months. The following chart depicts trends in this area.

	FFY 2004ab	FFY 2005ab	FFY2006ab	12-Month Period Ending 3/31/07	FFY 2007ab
C 2- 2	31.6 months	31.6 months	32.1 months	29.8 months	30.2 months

PCSAs achieving or exceeding the measure include: Fayette, Hocking, Perry (small size), Fulton, Union (medium-small size), Athens, Belmont, Darke, Erie, Hancock, Marion, Muskinghum, Sandusky, Seneca, Tuscarawas (medium size), Clark, Fairfield, Greene, Licking, Medina, Miami, Portage, Warren (large), Lorain, Lucas (metro size).

**(C2.3) - Of all children in foster care and who were in care for 17 continuous months or longer, what percent were discharged from foster care to a finalized adoption.**

Ohio achieved 18.3 percent for FFY 2007ab as compared to the 75<sup>th</sup> percentile of 22.7 percent. For FFY 2004ab, 2005ab, and 2006ab Ohio exceeded the national median of 20.2 percent.

	FFY 2004ab	FFY 2005ab	FFY2006ab	12-Month Period Ending 3/31/07	FFY 2007ab
C 2- 3	21.2%	20.3%	20.6%	18.5%	18.3.0%

PCSAs that met or exceeded the 75<sup>th</sup> Percentile included: Fayette, Hardin, Vinton (small size), Clinton, Fulton, Guernsey, Preble (medium- small size) Ashland, Darke, Geauga, Hancock, Muskinghum, Scioto, Washington (medium size) Ashtabula, Clark, Clermont, Delaware, Fairfield, Medina, Portage, Richland, Warren Wood (large size) Lake, Lorain, Lucas, Stark, Trumbull (metro). Of the major- metro counties, Cuyahoga was the closest with 19.8 percent, Franklin scored 11.7 percent, and Hamilton was the lowest with 10.4 percent.

**(C2.4) - Of all children in foster care for 17 continuous months or longer, and were not legally free for adoption prior to that date, what percent became legally free for adoption.**

Ohio achieved 9.4 percent in FFY 2007ab as compared to the 75<sup>th</sup> percentile of 10.9 percent. Only 24 counties scored above the national 75<sup>th</sup> percentile and 4 were Metro counties (Lorain, Lucas, Montgomery, and Trumbull). Cuyahoga and Hamilton also exceeded the 75<sup>th</sup> Percentile. Twenty-nine counties scored 0 percent on this measure. FFY 2004ab data indicate this was the only year Ohio scored above the 75<sup>th</sup> percentile. However, in all years Ohio scored above the national median of 8.8. The following chart depicts trends in this area.

	FFY 2004ab	FFY 2005ab	FFY2006ab	12-Month Period Ending 3/31/07	FFY 2007ab
C 2- 4	11.1%	9.1%	9.2%	9.0%	9.4%

The "AdoptOhio Kids Statewide Performance Report, November 2005" prepared by Hornby Zeller Associates, Inc notes that fewer than 10% of the children in care over 17 months who are not already in permanent custody enter permanent custody within the following six months after 23 months in care.

**(C2.5) - Of all children who became legally free for adoption, what percent were discharged from foster care to a finalized adoption in less than 12 months of becoming legally free.**

Ohio scored 45.4 percent in FFY 2007ab as compared to the 75<sup>th</sup> percentile of 53.7 percent. Ohio has been improving its performance on this measure over the past three FFYs from 41.4% in 2004 to 43.2% in 2005 to 43.5% in 2006. Franklin, Lake, Wayne, Warren, Richland, Portage, Miami, Greene, Clark, and Astabula were the larger counties achieving or exceeding this measure at the 75<sup>th</sup> Percentile.

**Factors Affecting State Performance on Permanency Data Profile**

**Item C2-1**

Ninety-six cases were identified in the 2006 file for the 12 month period ending March 31, 2007 as having an adoption finalized without a TPR. Prior to this period, only 15 cases were identified as lacking a TPR in FFY 2006. However, the 2007ab file now reveals 70 children or 4.4 percent of children lack TPR entries. To ensure accurate adoption data are correctly counted in the AFCARS files, ODJFS is working with agencies to correct these errors. The file also contains "Dropped Cases" between report periods with no indication as to the discharge reason. This figure has increased over the year from 167 cases (1.5 percent in FFY 2006 to 505 (4.4 percent) in the 2007ab period. These cases could also be adoption cases which are not being counted. Finally, the file contains missing discharge reasons in 267 cases or 2.4 percent in the 2007ab file. This is a drastic increase from the 29 files or 0.2 percent in FFY 2006.

**Item C2-3 and C2-4**

The fairly broad use of Planned Permanent Living Arrangements (PPLA) has an adverse impact on Ohio's permanency performance. Ohio Courts case use PPLA as a permanency disposition for abused, neglected or dependent children (ORC§ 2151.353). The court may place the child in a planned permanent living arrangement with a PCSA or PCPA, if requested to do so by the PCSA or PCPA and if the court finds, by clear and convincing evidence, that PPLA is in the best interest of the child and one of the following exist:

- The child, because of physical, mental, or psychological problems or needs, is unable to function in a family-like setting and must remain in residential or institutional care;
- The parents of the child have significant physical, mental, or psychological problems and are unable to care for the child because of those problems, adoption is not in the best interest of the child, as determined in accordance with division (D) of section 2151.414 of the Revised Code, and the child retains a significant and positive relationship with a parent or relative;
- The child is sixteen years of age or older, has been counseled on the permanent placement options available to the child, is unwilling to accept or unable to adapt to a permanent placement, and is in an agency program preparing the child for independent living.

**Strengths and Promising Approaches**

- Ohio's state supervised, county administered structure encourages innovative local approaches to finding permanent homes for children. At the 2007 *Children's Bureau Conference for Agencies and*

*Courts*, Adoption Excellence Awards were given to the director of Cuyahoga County, Lorain County staff, and Wendy's.

- Wendy's Wonderful Kids has supported seven recruiters in the State of Ohio. The foundation works with the recruiters to share best practices and measures progress results.
- The department works in collaboration with AdoptUS Kids. The Ohio Family Care Association serves as Ohio's Rapid Response Team (RRT).
- Strong support from and collaboration with the Supreme Court of Ohio. Ohio's dependency docket Bench Cards for Family and Juvenile and Court Judges and Magistrates were distributed to all county juvenile courts to increase awareness and encourage improved performance.

### **Local Snapshots**

- As previously discussed, The Two Ways Home Program partnership between Beech Brook and Cuyahoga County to expedite permanency within one year of coming into care is a promising approach. The program incorporates concurrent planning with the following outcomes: reunification, legal custody with adoption or any combination of the aforementioned. Children, between the ages of 0 and 12 who are in PCSA custody due to neglect or abuse may be referred during the first six months in custody. The most appropriate referrals are children whose reunifications with birth parent(s) look unlikely due to history of drug abuse, mental illness, developmentally delayed parents, or a history of domestic violence in the home. Assessment tools include the Genogram for the purpose of finding family members, family team meetings, exploring the birth family's ambivalence about reunification, smaller caseloads of 12 to 15 cases, intensive services provided to the birth family and all alternative permanency resources.

Early results (from 2004 to 2007) are promising, as the program achieved permanency for 124 of 240 (or 52 percent) of children served. Of those achieving permanency, fifty-five percent were reunified, 38 percent were placed in the legal custody of relatives and six percent were adopted by their foster parents or relatives. Qualitative results indicate communication between all involved levels of the PCSA organization, as well as the court, judges, magistrates and the GALs in critical.

- Lorain County implemented the "The Permanency within One Year" concurrent planning initiative which begins at the assessment/investigation level and has improved court collaboration and timeliness of hearings, increased community support through the foster to adopt program, and increased child specific recruitment activities. Permanency goals are established with the first assigned worker. All work on behalf of the child involves a team effort to ensure all permanency options are explored. The child's adoption worker begins concurrent planning at the time of filing for termination of parental rights which allows for a more seamless transition for the court, adoptive family and the child. This strategy has led to a decrease in the length of time (817 days to 126 days) between the date of permanent custody and adoption finalization. Additionally Lorain County has developed a recruitment strategy (recruiting a diverse group of foster families and implementing a thoughtful initial placement matching process) to significantly increase the likelihood that a child's first placement into foster care is the only placement.
- Cuyahoga County DCFS continues to embrace the Annie B. Casey Family to Family model which has helped them reach out to neighborhoods and better enhance community partnerships by partnering with nontraditional neighborhood groups and private provider agencies to transform services from "out of home placement" orientations to a continuum of community based services.
- Franklin County has one of their Wendy's Wonderful Recruiters working specifically with a caseload of PPLA children to increase exploration of potential relatives and current supports who may now be able to provide care for the child. Once a potential family is identified, the agency requests a legal disposition of permanent custody.

- Montgomery County has collaboratives with Dr. Wendy Flowers to conduct regular adoption readiness groups to prepare children for adoption and help them develop Life Books.
- The Mandel School of Applied Social Science, Case Western Reserve University developed a Masters level adoption course “Practice and Policy” taught by Victor Groza, LISW, Ph.D., Associate Professor. The course covers concepts, knowledge, skills and policies associated with contemporary adoption practice. Adoption roles/policies/activities are examined from multiple viewpoints including: birth parents, adoptees, and adoptive parents. Issues of ethnically competent adoption practice are emphasized throughout the course in each content area.

### **Barriers**

- CPOE 6 reviews revealed community values and court philosophies toward “reasonable efforts” and terminating parental rights impact permanency performance results in some counties. In turn, PCSAs may be reluctant to file for permanent custody if they believe the court expects numerous chances for parents to complete drug treatment or other services. Differences in how courts view the use of PPLA rather than permanent custody (particularly when parents are mentally disabled or in prison) were also identified.
- CFSR workgroup discussions and CPOE 6 reviews revealed financial disincentives sometimes impact how long a youth remains in PCSA custody. Chafee Independent Living and other funding dollars are perceived by PCSA staff as unavailable if custody is terminated or modified. Additional analysis and education on this issue is needed to ensure funding adequately supports permanency goals.
- CPOE 6 reviews and CFSR workgroup discussions reveal some youth are reluctant to be adopted and indicate a need for additional and early separation/loss and adoption readiness/permanency planning services for youth in care. Increased “open” adoption strategies may also helpful in these situations.
- CPOE 6 reviews revealed timeliness can also be delayed when additional siblings are born (or specific information is needed for one sibling) and the hearing on the other siblings is delayed to ensure all sibling cases are covered and coordinated in one hearing.
- PCSA staff also indicates relatives (who may have previously refused to provide care for the child) express renewed interest when they realize permanent custody is being pursued. Additional time to offer services and assess relatives may also impact permanency outcome performance.

### **Factors Pertaining to Recruitment and Retention of Adoptive Families and Support Services**

Please see Item 44 for information on recruitment and retention of families.

The Dave Thomas Foundation for Adoption has partnered with four Ohio agencies to fund a total of seven Wendy’s Wonderful Kids recruiters. Franklin County has three recruiters, one of which is designated full time to work with a caseload of PPLA children. Adopt America Network, Hamilton County and Montgomery County also have one recruiter each.

## **Item 10: Other planned permanent living arrangement.**

### **Policy**

ORC § 2151.415 requires PCSAs with temporary custody of a child to file a court motion no later than 30 days prior to the date of custody termination to request one of the following dispositional orders:

- Return the child home with no restriction;.
- Return the child home under an order of protective supervision;
- Order the child to be placed in the legal custody of a relative or other interested individual;
- Order permanent termination of parental rights;
- Order the child to be placed in a planned permanent living arrangement.

When PCSAs request Planned Permanent Living arrange custody of a child, they must present evidence to show it is appropriate for the child, including but not limited to, evidence that all other possible dispositions have been tried and/or considered. A court shall not place a child in a Planned Permanent Living Arrangement, unless it finds, by clear and convincing evidence, that it is in the best interest of the child and that one of the following exists:

1. The child, because of physical, mental, or psychological problems or needs, is unable to function in a family-like setting and must remain in residential or institutional care; or
2. The parents of the child have significant physical, mental, or psychological problems and are unable to care for the child because of those problems, adoption is not in the best interest of the child, as determined in accordance with division (D) of section 2151.414 of the Revised Code, and the child retains a significant and positive relationship with a parent or relative; or
3. The child is sixteen years of age or older, has been counseled on the permanent placement options available to the child, is unwilling to accept or unable to adapt to a permanent placement, and is in an agency program preparing the child for independent living.

Children with dispositional orders of Planned Permanent Living Arrangement in PCSA custody who are 16 years of age and are projected to remain in care until they reach the age of majority (18) must be provided Independent Living Services to prepare them for the transition from agency custody to emancipation with skills and knowledge that foster self-sufficiency.

An order of a Planned Permanent Living Arrangement permits:

1. The court to give legal custody of a child to a PCSA or PCPA without terminating parental rights;
2. The agency to make an appropriate placement of the child and enter into a written agreement with a foster care provider or with another person or agency with whom the child is placed.

If the court places a child in a Planned Permanent Living Arrangement with an agency, the agency shall not remove the child from the placement in which the child is originally placed without court approval unless the court and Guardian ad Litem are given notice of the intended removal and the court issues an order approving the removal or unless the removal is necessary to protect the child from physical or emotional harm and the agency gives the court notice of the removal and the reasons why the removal is necessary to protect the child from physical or emotional harm immediately after the removal of the child from the placement (ORC § 2151.415).

Agencies may request a Planned Permanent Living Arrangement be considered in lieu of a request for termination of parental rights when termination of parental rights would not be in a child's best interest (ORC 5101:2-42-95).

**Practice**

Ohio requires agencies to petition the court when requesting a Planned Permanent Living Arrangement for a child. PPLA can only be requested when compelling reasons are present. Most children that receive a PPLA disposition do not have other permanency alternatives readily available.

**Casework Practices and Resource Issues**

Extensive physical, mental or psychological problems of the child which cannot be addressed in a family-like setting are factors which lead to the court placing children in a PPLA status. Courts/agencies may place a child in PPLA when a child has a continued relationship with the biological parent, who may be unable to care for the child.

However, agencies continually review children in a PPLA status. For example, Morrow County has court reviews for PPLA cases on a quarterly basis to determine if the PPLA status is still in the best interest of the child. This practice provides ongoing oversight regarding what is in the child's best interest.

In Hamilton County, if a child does not agree with the agency or the GAL regarding reunification and permanency goals, the child is granted his or her own attorney. The county has seen a child as young as nine years of age receive their own attorney due to disagreeing with the GAL's recommendation. This allows for the child to have a clear representation of their views and choices within court, although this does not guarantee that a court's decision will always follow the child's wishes.

**Evaluation**

A March 2, 2007 FACSIS data history of Ohio children entering PCSA custody in a PPLA status demonstrated a steady decline.

Semi-year	Children in PPLA during period	Children in custody during period	Percent PPLA is of all custody	Children entering PPLA during period	Children entering custody during period	Percent PPLA entrance of custody
2005H1	3,089	23,683	13.04%	538	9,069	5.93%
2005H2	3,069	23,384	13.12%	449	8,713	5.15%
2006H1	3,006	23,304	12.90%	448	9,098	4.94%
2006H2	2,832	22,685	12.48%	340	8,267	4.11%

**Factors Affecting Performance on Permanency Data Profile Element XI [Permanency Composite 3, including Component A, Measures C 3-1 and C3-2, and Component B, Measure C2-3**

*Ohio Child and Family Services Review Data Profiles* – Point –in-Time Permanency Goals for Children in Care indicate there has been an increase statewide in the number of children overall in PCSA custody with long term foster care permanency goals between FFY 2004 to FFY2006. However, evidence of a decline started to occur in FFY 2007.

Permanency Goal	FFY 2004ab	FFY 2005ab	FFY 2006ab	12-Month Period Ending 3/31/07	FFY 2007ab
	% of children	% of children	% of children	% of children	% of children
Long Term Foster Care (AKA PPLA)	<b>3.2%</b>	<b>3.1%</b>	<b>10.5%</b>	<b>10%</b>	<b>8.8%</b>

Counties' interpretation of Planned Permanent Living Arrangements and legal representatives' push for PPLA placements may be two factors impacting the increase. Ohio tracks PPLA for older children who have reached the age of 16, but reports show younger children, even toddlers, have been placed in PPLA. Recently many counties have begun working with internal legal representatives and the court to clearly define the appropriate use of PPLA.

PPLA children are not considered part of the pool of children identified in Element XI. Permanency Composite 3, Component A, Measures C3-1 and C 3-2 since this custody status is based upon the premise that children cannot be reunified with their families, termination of parental rights is not in the best interest of the child, and adoption is not in the best interest of the child. PPLA children are reflected in Permanency Composite 3, Component B, Measure C3-3 since the court issued one of the following rulings: the child because of the physical, mental, or psychological problems or needs is unable to function in a family-like setting and must remain in residential or institutional care; the parents of the child have significant physical, mental, or psychological problems and are unable to care for the child because of these problems and adoption is not in the best interest of the child; or the child is 16 years or older and is unwilling to accept or adapt to a permanent placement.

### **Strengths and Promising Approaches**

In March, 2003 Montgomery County completed an extensive evaluation on the experience of 379 children in PPLA custody. As a result of findings, Montgomery developed agency specific policies related to placement options, funding, and court processes when considering PPLA as a potential custody status. In addition, leadership met regularly with key stakeholders (court, GAL's, probation, caseworkers etc.) to review progress and improve efforts. A position was hired to assist caseworkers in adequately preparing and filing for permanent custody and the county assertively objected to case findings which eventually strengthened future hearing outcomes. At the beginning of 2004, there were 47 more PPLA cases than PC cases but at the end of 2006, the agency reversed this trend with 89 more PC cases than PPLA cases. Overall, in 2006 the agency achieved historic overall low numbers of cases in both categories.

PCSA concurrent planning approaches are strengths; this is the ability to place a child into substitute care and create a plan of reunification and at the same time preparing the child and family for potential permanency options. PCSA staff report concurrent planning practices have resulted in more children being reunified or finding permanency.

Hamilton County has adopted a practice of having one caseworker assigned to one child and the child's family. The agency feels one worker; one family is very beneficial to a child in PPLA status due to consistency and continuity of care for the child.

Richland County arranges for older PPLA children to be placed permanently by having the court grant foster parents legal custody. Many older children do not wish for their parents' rights to be terminated, but would like to stay with the current foster family. This practice allows children to maintain relationships with their biological families. Richland County is in the minority with this practice because other counties know that kinship monies are less than the foster care per diem. The Kinship Permanency Incentive (KPI) program, which is discussed under Item #15: Relative Placements, provides eligible kinship families with an initial payment of \$1,000 per child to defray costs of initial placement and eligible families may receive five hundred dollars per child at six month intervals to support the stability of the child's placement in the home for up to three years or \$3,500, whichever comes first.

### **Barriers**

Inconsistent use of PPLA at the local level is a permanency barrier if the custody status is inappropriately used for youth. Although some counties have significantly reduced the use of PPLA, statewide data indicate this disposition is sometimes granted for very young children. The lack of quality and permanent placement options for older youth with significant behavioral/mental health issues is a permanency barrier identified by many Ohio PCSAs.

County partners in a statewide workgroup reported that Guardians ad litem and prosecuting attorneys tend to request PPLA. The legal department of the county may be more focused on arriving at an acceptable disposition with all parties, rather than achieving permanency for a child with long term placement challenges. Recently, some counties report increased attorney requests for PPLA. From the agencies' perspective, it appears attorneys view PPLA as "easier" on the family. While it may seem that the child and the family remain intact, PPLA is not a permanent solution for children, it is an agreement with the agency's input that should be based on the child's best interest. These children, if not continually evaluated, remain in care without reunifying with their family or finding a permanent home.

Counties are experiencing and reporting increased mental and physical limitations on the part of families and children. More families are displaying multiple, long term drug/alcohol and mental health issues that are not quickly treated to allow families to be reunified.

Community challenges in serving delinquent youth are permanency barriers for many PCSAs. Custody of these youth is frequently given to PCSA. Delinquency issues challenge permanency requirements and as a result, these youth are more likely to be placed in PPLA. These children are older and display extensive behavioral and emotional problems and it may be very difficult to locate stable permanent environments.

**Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.**

**Item 11: Proximity of foster care placement.**

**Policy**

ORC § 2151.412 (F) (1) requires all case plans for children in temporary custody to have the following goals:

- Consistent with the best interest and special needs of the child, to achieve a safe out-of-home placement in the least restrictive, most family-like setting available and in close proximity to the home in which the child will be permanently placed;
- To eliminate with all due speed the need for the out-of-home placement so that the child can safely return home.

Agencies are required to first explore maternal and paternal relatives for custody or guardianship. When this is not feasible, PCSAs or PCPAs shall select the least restrictive, most family like setting for the child (OAC 5101:2-42-05). The following listing outlines settings from least restrictive to most restrictive.

- A home of a suitable relative.
- A suitable nonrelative.
- A foster home.
- An independent living arrangement.
- A group home.
- A maternity home.
- An emergency shelter care facility.
- A children's residential center.
- Any medical or education facility.

Placement of children of Indian Heritage must be made in accordance with the Indian Child Welfare Act (ICWA) (OAC 5101:2-42-56). Standards the agency should use to meet placement preference requirements should be based on the social and cultural standards of the Indian community. First consideration for placement is where the parent or extended family resides. Consideration of placement with the non-custodial father and extended relatives is to assure that connections are preserved. If a child can not be placed with a parent or extended family member within the community, the child should be considered for placement in close proximity to the Indian child's home or with a member of the extended family.

**Practice**

During Assessment/Investigation, PCSAs begin to identify relatives that may be utilized as a placement resource. Genograms are often used to identify maternal and paternal relatives.

Some counties have incorporated the Family-to-Family approach within their practice. This approach focuses on reducing the number of children placed away from their homes and having foster care providers located within the child's neighborhood or community. By keeping children near their home more resources can be provided to parents, relatives/kin and foster care families. It is believed that this approach reduces the length of stay in care, encourages sibling placements, and reduces the likelihood of re-entry into care.

Several counties (Cuyahoga, Clinton, Erie) are implementing “Family-to-Family” approaches by developing neighborhood-based, mentoring, and supportive foster care placements. These programs involve parents/children/foster families in team building processes to build relationships, encourage placement stability, and improve permanency outcomes. In some communities, additional community based placement alternatives for sibling groups/teens with families have been developed. In other communities, neighborhood based/supportive services have been strengthened. Family to Family is based on the principle that the first and greatest investment in time and resources should be made in the care and treatment of children in their own homes and, when this is not possible, in their own communities. It is based on the premise that neighborhoods are the primary source opportunity and support for families and, therefore, are in the best position for assuring the safety and vitality of their members.

This approach is guided by the following values:

- Children have a right to grow up with their family
- Children have the right to be nurtured and protected in a stable family environment.
- When children are at risk of harm, the community has the responsibility to intervene.
- Families are our community's most important resource and therefore, must be respected, valued, and encouraged to build on their existing strengths.
- The community must support families in raising and caring for their children.
- The racial, cultural, and ethnic heritage of families, and the neighborhoods where they live, must be supported and seen as assets.

#### **Casework Practice and Resource Issues**

When children require more intensive services provided in a treatment foster home or a children's residential center they are more likely to be placed outside of their communities either out of county or out of the state. Both small and large counties experience this problem. Additionally, most agencies report not having sufficient numbers of “in-county” foster homes, resulting in placements of children outside of their neighborhoods/school systems.

Interstate placements may occur when the parents are not viable placements and other relatives are not available for placement within the state. Relative placements are typically preferred by families and may be more likely to become permanent if reunification efforts fail. Agencies sought ICPC approval to place children out of state for 679 children from July 1, 2005 through June 30, 2006. (Note that this number indicates the number of requests for placement, not actual placements of Ohio children placed out of state.)

#### **Regional and Issues**

Smaller counties report that their communities are very close knit and relatives or others close to a family in need of services may step forward to assist in caring for children and keep the placement within the community.

Insufficient foster homes and the need for residential treatment have resulted in counties using other resources outside of their county. Butler County DJFS reports that 70 percent of their 350 foster children are placed outside of the county, some as far away as Cleveland. The agency spent more than \$300,000 on staff travel last year (2007) and can pay up to \$342 a day to shelter children in out-of-county homes.

Hamilton County DJFS has implemented an internal Utilization Management unit (these functions were previously provided by a private managed care company) and utilizes a Level of Care protocol for evaluating the needs of children when making placement and service decisions. The program incorporates a service provider networked database to monitor, track, and pay for services. Therapists/providers enter service notes into the system regularly which can be accessed/retrieved by caseworkers. The Utilization Management staff review the family's progress regularly to evaluate how well services are meeting needs and whether case goals/outcomes are being achieved. A partnership with

the local mental health board was incorporated into the model during 2005 with a special emphasis on improving mental health services and outcomes for child welfare families.

## Evaluation

As noted earlier, caseworkers document on the case plan what efforts are made to: locate a placement in close proximity to the removal home; locate a placement in close proximity to the school in which the child was enrolled prior to placement; and place the child in the least restrictive placement available. Review of CPOE data for CPOE Stage 5 and CPOE Stage 6 revealed that Ohio has shown an increase in documenting the placement of children in close proximity to the child's home or school and which is in the least restrictive setting. These results are somewhat inconclusive, as improvements may be attributed to the increased use of kinship placements and/or an indicator of the caseworker's documentation that proximity was considered rather than actually achieved. The following table reflects CPOE Stage 5 and CPOE Stage 6 Review results indicating consideration of proximity was documented in case plans.

<b>CPOE Review Data</b>	<b>Least restrictive setting</b>	<b>Proximity to the removal home</b>	<b>Proximity to the school</b>	<b>Designed to enhance the likelihood of reunification</b>
<b>Stage V</b>	89%	87%	84%	85%
<b>Stage VI</b>	94%	89%	88%	90%

## Strengths and Promising Approaches

As previously described, many counties are intensifying recruitment efforts to increase family/neighborhood placement options. Butler County DJFS is trying to confront a drastic shortage of foster and adoptive parents in their region (Southwest). Funded with \$130,000, Butler County is promoting the "Help Heal the Hurt" campaign to reach almost 800 families who indicated a preliminary interest in becoming foster/adoptive parents.

In Cuyahoga, the county is divided into territories, and department chiefs are assigned accordingly. Geographical service areas are designated by each department. Cuyahoga partners with 14 collaborative systems who work with more than 90 communities. On any given day, Cuyahoga serves 2,463 children in various placement settings (approximately 73 percent are placed in family settings). This has effectively enabled the agency to forge stronger relationships within each community in an effort to keep a child and family connected to the community of origin. A fully array of neighborhood services (advocacy, supportive services for siblings and teens, wraparound services, recruitment, additional mental health, family preservation, and targeted reunification services) have been developed in individual communities. The placement of children in close proximity to the child's home supports reunification efforts. In addition, it has reduced the mileage covered by caseworkers and improved their response time.

Kinship care represents the most desirable out-of-home placement and is the first option for children who cannot live with their parents. It offers the greatest level of stability by allowing children to maintain their sense of belonging and enhances their ability to identify with their family's culture and traditions. Public and private child welfare agencies are encouraged to place children, who are unable to remain in their own home, in the home of a suitable relative who has been approved by the agency. In January 2006, Ohio reported 17,112 children in out-of-home placements. Of these children, 3,000 were placed with approved kin.

While there has been an increase in the number of children entering care, there has been a moderate decline in the total number of days in care. The decrease in care days may be attributable to flexible funding and availability of intensive supportive services to children and families, particularly for the ProtectOhio waiver counties. Local compliance with ASFA procedural requirements for placing children in close proximity to their homes may also assist counties in reunification efforts. Additionally, due to a

variety of factors, including provider partnerships and better matching processes, children appear to be moving (changing placements) less frequently.

### **Barriers**

PCSAs report foster families prefer younger children making placements of older children and sibling groups more difficult. As a result, older children may be more likely to linger in care, experience disruptions, and/or be placed further away from home.

PCSAs report families often present multiple problems/conditions that are more severe as drug abuse, domestic violence, and mental illness commonly impact many child welfare families. As previously described, most counties do not have sufficient local placement options to meet the needs of youth and families. As a result, placements are often made during times of “crisis” lessening the opportunity for optimal “matching” and pre-placement planning activities.

## **Item 12: Placement with Siblings.**

### **Policy**

Agencies are required to attempt to place siblings in the same placement setting unless it is not in the child's or the siblings' best interest (OAC 5101:2-42-05). When siblings are not placed together agencies must make arrangements for siblings and other family members or individuals to visit or communicate with the child, if it is in the child's best interest (OAC 5101:2-42-92).

To facilitate the placement of siblings in a foster home, ORC § 5103.0317 permits a foster home to care for more than 5 children in order to accommodate a sibling group or the remaining members of a sibling group.

### **Practice**

As previously described, "Family-to-Family" is operating in several Ohio counties. The aim and focus of this initiative is to place children close to home. Sibling groups are more likely to be placed together within their communities. The desired outcome is for families to be serviced and supported closer to home, causing fewer traumas within the family unit and increasing the likelihood of reunification and permanency.

Agencies and managed care entities provide all casework functions, including planning, accessing services, making placement decisions, and working with the family towards reunification. When discussing the management of open cases, some agency staff pointed out that when a case is opened, family conferencing is used to make decisions with the family right from the start. Some agencies utilize a formalized "Family-to-Family" concept where cases are assigned geographically and partnerships are formed with community agencies to develop and implement neighborhood based service plans with families. Community agencies also help recruit foster homes so children can remain in their own communities, schools, and churches to preserve connections.

### **Changes in Performance and Practice**

Many counties utilize Genograms to assist caseworkers with identifying family members during Assessment/Investigation activities. Early identification of relatives or other qualified resources that can care for sibling groups helps ensure siblings are placed together whenever possible. Kinship caregivers tend to show greater interest in caring for and maintaining care of children even when it may be a financial hardship for them. Extended families are less likely to split sibling groups and increased financial and service supports strengthen relative placement alternatives.

As previously mentioned, several Ohio counties use Level of Care tools/protocols to guide placement decisions. Hamilton County has significantly increased local recruitment efforts to locate families who are willing to care for sibling groups. The Utilization Management Unit works with providers and caseworkers to assess the family's needs and match children with optimal placement providers. The assessment/review process incorporates "sibling groups" as a determining factor in the "matching" process.

### **Regional and County Issues**

During CPOE Stage 6, some Ohio counties reported an insufficient number of local placement options to provide care for children. While the problem is more visible in larger counties, as they often have more children in out of home care settings, smaller counties also report not having enough foster families. Many of the smaller counties report tremendous success in converting foster families to "adoptive" families when youth become available for adoption. While this practice positively impacts permanency outcomes, short term and "emergency" local placement options are often described as insufficient. In addition, some counties report placement options for older youth are particularly lacking.

## Evaluation

The following table represents Ohio's children who were placed in a substitute care setting at the end of CY 2004, CY 2005 and CY 2006. This is a point in time population of children in substitute care. Children included in the analysis are limited to children placed under PCSA custody (not PCPAs). Over the period under review there was an increase in sibling groups in the same placement. Analysis is somewhat limited as it is unknown whether decisions not to place siblings together were made when considering their "best interests"

**Sibling Children in Placements**

	12/31/2004	12/31/2005	12/31/2006
	Children/Groups	Children/Groups	Children/Groups
All Children in Placements	18,490	18,024	17,631
Number of Sibling Children in Placements	3,395	3,122	2,994
Sibling Children as a % of Total Children	<b>18.4%</b>	<b>17.3%</b>	<b>17.0%</b>
Number of Sibling Children in Same Placements	1,821	1,822	1,901
Sibling Children in Same Placement as a % of All Sibling Children	<b>53.6%</b>	<b>58.4%</b>	<b>63.5%</b>
Number of Sibling Groups	1,506	1,375	1,316
Number of Sibling Groups in Same Placements	853	851	884
Sibling Groups in Same Placement as a % of All Sibling Groups	<b>56.6%</b>	<b>61.9%</b>	<b>67.2%</b>

Source: FACSIS database (Data run on 2/7/2008)

## Strengths and Promising Approaches

Many counties have strengthened matching processes as part of their CPOE Stage 6 Quality Improvement Plans. Efforts include implementing Level of Care protocols, increasing family decision making models, piloting "Family to Family", developing provider partnerships, and increasing caseworker and family involvement. Assessing sibling groups is a regular "matching" criteria considered by Ohio child welfare agencies when placing children.

Kinship care represents the most desirable out-of-home placement and is the first option for children who cannot live with their parents. It offers the greatest level of stability by allowing children to maintain their sense of belonging and enhances their ability to identify with their family's culture and traditions. Public and private child welfare agencies are encouraged to place children who are unable to remain in their own home, in the home of a suitable relative who has been approved by the PCSA.

Agencies not only seek to place children near home but evaluate early in the assessment process the ability for sibling groups to be placed together. Sibling placements are considered at the beginning of the Intake process and this consideration has shown to be very beneficial to the stability of the children. Agencies further consider sibling placements with children already in care when another sibling is in need of a substitute care placement.

In some counties the Court collaborates closely with the county. Some courts waive fees for relatives seeking legal custody of child welfare children. Some counties use external companies/marketing firms to increase recruitment efforts.

## Barriers

Large sibling groups are harder to place, as well as children that are much older than another sibling. Some placement resources simply can not accommodate large sibling groups. Placement providers often prefer younger children, limiting options for children more than 10 years of age.

Agencies seek to make a stable placement upon first placement. But in "after hours" and emergency circumstances, sometimes placing siblings in different homes is necessary due to insufficient placement

options. After the emergency passes, agencies re-evaluate placement options to support reunification efforts, sibling connections, and permanency needs. At times, these considerations result in additional placement moves for children.

### **Item 13: Visiting with parents and siblings in foster care.**

#### **Policy**

The court approved case plan, sets forth provisions for visitation with parents and siblings in foster care (OAC 5101:2-39-08.1, 5101:2-39-10, 5101:2-39-11, 5101:2-38-05). Agencies shall arrange for and provide each child in temporary custody, whether custody is by agreement or commitment, with an opportunity for regular and frequent visitation with his parent, guardian or custodian. The PCSA or PCPA must file a motion to modify an order and receive court approval prior to effecting a change in the child's visitation plan. A motion to modify may be filed and court approval obtained after the change in visitation only when there is reasonable cause to believe the child is in imminent risk or immediate danger of serious harm by reason of the current visitation plan. In an emergency, the motion to modify must be filed or court approval obtained within seven days after the change in the visitation plan occurs (OAC 5101:2-42-92, 5101:2-42-93).

The case plan shall address the frequency of visits. Frequency of visits shall be based on:

- The attitudes and feelings between the child and parent, guardian, or custodian.
- Whether the case plan goal is reunification or an alternative living situation.
- The need to maintain or enhance the bonding relationship between the parent, guardian, or custodian and child.
- What is determined to be in the child's best interest, and is conducive to his physical and emotional well-being.

Additionally, the case plan must address the duration of the visits. Duration of visits shall be based on:

- The amount of time needed to maintain or enhance the bonding relationship between the child and parent, guardian, or custodian and child.
- A determination based upon the current relationship between the child and parent, guardian, or custodian on the length of time that would be in the child's best interest.

Location of the visit is also addressed in the case plan. Location of visits shall be in the least-restrictive setting consistent with the goals of the case plan. The order of least-restrictive settings to most-restrictive settings is outlined below:

- Visitation in the home of the parent, guardian, or custodian.
- Visitation in the home of a friend, relative, substitute caregiver or other noninstitutional setting.
- Visitation at the agency or other institutional setting.
- A location providing a safe setting for the child.

Any restrictions on the frequency, duration, location of visits, and supervision of visits is based on: potential harm to the child as a result of the parent's behavior or pattern of conduct toward the child; special needs or problems of the child; and the parent's failure to be available for more frequent or longer visits. Children are also provided opportunities for other forms of communication with their parent, sibling or other individuals.

If preplacement visits occur prior to the placement of the child in substitute care, visitation with the child and the child's siblings, if they are not placed together or they are not all removed from the home, is discussed with the parent and the substitute caregiver (OAC 5101:2-42-64). Prior to placing a child, or within 96 hours of an emergency placement or a change in the case plan, agencies are responsible for providing substitute caregivers with a written visitation schedule (OAC 5101:2-42-90). For a child in placement in a CRC, the service plan must address visitation between the child or teenage mother and family or friends (OAC 5101:2-9-12, 5101:2-9-16).

## **Practice**

Agencies, through monthly contact with parents and substitute caregivers, discuss how visits are going as well as progress in achieving case plan objectives. Opportunities for modifying visitation plans are reviewed with families frequently to ensure reunification efforts are successful and safety needs are met.

### **Changes in Performance and Practice**

Ohio collaborated with the National Resource Center for Foster Care and Permanency Planning to develop discussion guides and summary tools for PCSA caseworkers to use with families. These discussion guides assist caseworkers in engaging families in developing/participating in case plans. Guides require caseworkers to conduct outcome-based, focused visits with families. In addition, the Ohio Child Welfare Training Program (OCWTP) developed and provided "Visitation" skill enhancement training for caseworkers and supervisors. Some agencies developed specific Quality Improvement Plans to better prepare foster families, relative providers, and caseworkers in understanding how visitation impacts behaviors of children in care. Finally, improving visitation planning and caseworker competency in this area was a workshop topic covered at the PCSAO 2007 Child Welfare Conference.

### **Regional or County Issues**

#### **Local Snapshots**

In a state supervised, county administered system a wide variety of methods are used to promote visitation between children and their parents and siblings. Courts have a positive impact on families when equipped with pertinent information on parent/child visits. In Morrow County, the court is very involved with the family's visitation plan. The agency provides a calendar of visits and overnight plans to the court. The court is able to see how often visits are scheduled. The court uses the calendar to assist with decisions in trying to integrate children back with their parent(s). The courts' interest in the visitation plan helps the agency stay focused on ensuring timely visits, visits with siblings, and achieving reunification goals. Morrow County's court philosophy is based upon the belief that visits with family members are the key to achieving successful reunification. In addition, Morrow County permits school aged children to visit their families "after hours". It is Morrow County's practice to ensure 2 staff members are available for "after hour" visits.

Hamilton County has a 72 hour visitation policy in place for children and their parents. Hamilton ensures that a visitation plan is based upon the needs of the child and family. Visits may occur up to 2 hours at a time. The county has also contracted with a private provider to implement a relationship building/therapeutic model during family visitation. The provider creates a nurturing/teaching environment for "supervised" visits that incorporates a family "debriefing" to reinforce new communication and relationship patterns. The program currently serves 52 families and has been so successful, the county is expanding it.

Some agencies report visitation occurs at the school between parents and children. This can be disruptive to the child's education and others (teachers and other school administrators) not directly involved, due to the lack of understanding of the dynamics of such an activity. Children often return to class with behavioral problems or distressed after the visit with their parents. Hamilton PCSA reported that the agency works with schools to discuss the importance of visitation and possible reactions from the child once the visit is completed.

Several agencies provide bus tokens for families and older children so that transportation does not become a barrier for families to visit with their children. Other agencies state they use case aides to provide transportation for visitation.

Foster parents work with biological parents to share the child's routines and interests. This is particularly important when ensuring less disruption to the child's schedule and when reunification is the goal. Some foster parents provide transportation and remain present during the visit. Many agencies that request foster parents provide visitation reimburse them for their efforts. A few agencies that recommend

certification of foster parents make foster families aware of the expectation to provide transportation for visits early on in the process of becoming certified.

## Evaluation

CPOE reviews examine PCSA compliance with visitation requirements between parents and children as well as children and their siblings. Between CPOE Stage 5 and CPOE Stage 6, improved performance in visitation compliance and other forms of communication with the child was achieved. The following table represents CPOE results.

CPOE Review Data	Other forms of communication with the child	Visitation with paternal parent	Visitation with maternal parent	Sibling visits
Stage 5	84%	84%	89%	85%
Stage 6	93%	90%	94%	86%

## Strengths and Promising Approaches

The federal government has awarded funding to states to help improve caseworker visits with families and children. The funds for FY 2006 must be used to support monthly caseworker visits with children who are in foster care under the responsibility of the state with a primary emphasis on activities designed to improve caseworker retention, recruitment and training. Increased funding will assist in achieving permanency for children in care.

Improving family visitation is a core component of Ohio's ProtectOhio waiver initiative. Counties are implementing therapeutic relationship building models to strengthen family interactions during visits and improve reunification efforts. Initial feedback from participating PCSAs indicate these programs are currently being expanded.

The following strengths were identified by agencies and foster caregivers:

- Ohio, as reported in the CFSR PIP, has increased caseworker's skill in engaging families in the areas of visitation and placement with non-custodial parents, unless it is not in the child's best interests.
- Ohio continues to focus on the quality of visits with children, siblings and parents. Additional rule revisions support safety, permanency, well being goals during visitation and CPOE 7 focuses heavily on visitation compliance. In addition, ProtectOhio permits flexible funding for structured visitation programs including the use of parent teaching and therapeutic models.
- Local agency policies advocate for increased visitation time to assist with reunification.
- Families are assisted with transportation.
- Many Ohio PCSAs have developed "off site" visitation environments to provide a more "family like" and community based setting. Other agencies normalize visits by providing families freedom to visit with children in parks, malls, or other locations mutually agreeable with families.
- Many times the substitute caregiver will provide transportation so that the visit is not cancelled or disrupted.
- Increased court involvement and oversight of visitation efforts/plans assists all parties in focusing on the importance of visitation and ongoing reunification efforts.
- Availability of training on how to facilitate and support visitation is offered on a regular basis through OCWTP.

## **Barriers**

Barriers identified by agencies include the following:

- Some children do not want to visit their parents because of their anger toward the parent. Agencies continue to encourage the parent to visit the child.
- Behaviors of some children may challenge visitation efforts. Agencies reported that children who “act out” and children with special needs can create stressful visits. At times parents are not sure how to deal with these difficult behaviors, which can also create tense visits. Additional parenting/therapeutic modeling interventions would be helpful to improve parent/child interaction during visits in these cases.
- Foster families need more assistance in dealing with the anxiety of their visit with the birth or removal families.
- Parents sometimes miss scheduled visits and this increases the anger the child has toward his/her parent. Some parents are not ready to see their children, for various reasons such as the child having severe behavior problems or the parent having drug or alcohol issues.
- There may be lack of space to hold visits.
- Lack of transportation in some counties.
- The scheduling of visits; getting all parties gathered at the same time can prove to be a barrier, especially with different schedules and large sibling groups. At times, one of the family members may live in another county which complicates schedule and planning issues.

## **Item 14: Preserving Connections.**

### **Policy**

Agencies are required to place a child in the least restrictive setting when a child cannot remain in his own home. Agencies shall first explore both maternal and paternal relatives regarding their willingness and ability to assume temporary custody or guardianship of the child. Unless it is not in the child's best interest, agencies must explore placement with a non-custodial parent before considering other relatives. PCSAs or PCPAs are required to select a substitute care setting that is consistent with the best interest and special needs of the child (OAC 5101:2-42-05).

When agencies have reason to believe that a child involved in a child custody proceeding is or may be an Indian child, the agency shall seek written verification of the child's heritage and shall bring this to the attention of the juvenile court (OAC 5101:2-42-52). ORC § 3127.03 indicates that a child custody proceeding that pertains to an Indian child is to be governed by the Indian Child Welfare Act (ICWA). A court of Ohio shall treat a tribe as if it were a state of the United States and a child custody determination made by a tribe under factual circumstances shall be recognized and enforced. The standards used to select a substitute care placement for an Indian child are as follows:

- Placement where the parent or extended family resides.
- Placement where the parent or extended family members maintain social and cultural ties.
- Placement preference of the Indian child or the parent.

OAC 5101:2-42-92 sets forth the provision that the PCSA or PCPA shall arrange for and provide each child in temporary custody, whether custody is by agreement or commitment, an opportunity for regular and frequent visitation with his parent, guardian or custodian.

To facilitate connections with family and friends the visitation plan, which is part of the case plan, contains information on ongoing forms of communications (ORC 5101:2-39-08.1, 5101:2-39-10, 5101:2-39-11, 5101:2-38-05). Agencies shall begin a life book no later than thirty days after the annual court review when a child remains in substitute care for longer than twelve months. The life book is updated every six months so long as the child remains in substitute care (OAC 5101:2-42-67). Life books assist in preserving a child's connectiveness with friends, relationships, family, and his community. For each child in the permanent custody of an agency, a life book is developed/created and shared with the child during his placement, as appropriate to his age and understanding, and accompanies the child when he leaves substitute care.

### **Practice**

Efforts are made throughout the life of a case to preserve important connections for children. Through the use of Genograms caseworkers are able to identify critical support systems which are important to families. Emphasis is placed on locating relatives or kin who can provide either temporary or permanent care for the child. This is reflected in practice by placing children with kin, when appropriate. Ohio has increased the placement of children with kinship families and funding has been provided to help support kinship families. Additionally, the case plan identifies connections that should be maintained for the child.

The previous CFSR PIP established a goal for Ohio to increase caseworkers' skills in working with families whose children are in substitute care placement so they will be able to preserve primary connections of the child while the child is in foster care placement. According to information contained in the *Ohio Child and Family Services Review Program Improvement Plan Eighth Quarterly Report*, Ohio was successful in achieving all PIP Action Steps as well as benchmarks including:

- Providing training to PCSAs to encourage caseworkers to explore visitation and placement with non-custodial parents (particularly fathers), unless it is not in the child's best interest.
- Increasing knowledge of local agency staff on the Indian Child Welfare Act (ICWA).

- Including information in a Practice Report on how agencies are working with non-custodial fathers and extended relatives to assure that connections are preserved.
- Incorporating into CPOE case record review instrument monitoring the preservation of connections and relative placements.

ODJFS continues to provide guidance and technical assistance to counties regarding the expectations of keeping families and children connected whenever possible. Some Ohio counties have special relationships and agreements with community partners that assist children and families with supports and resources that enable them to stay together.

### **Changes in Performance and Practice**

Multiple strategies are used to preserve connections for children in foster care. OAC rule 5101:2-42-05 *Selection of a Placement Setting* requires agencies to try to place a child with a relative or non relative and in the same community in which the child resides. This policy promotes the child's placement in familiar surroundings. Visits with siblings may be accomplished with fewer complications. Children services agencies are encouraged to place children in or near their own communities and school districts. Most Ohio agencies make every effort to do so. One small county reported, at times, when a child remains in the same community he/she can be negatively influenced by the very environment that played a part in the breakdown of the family. Agencies must continue to assess whether or not placing a child in the same community is in the child's best interest.

To support kinship placements, the Kinship Permanency Incentive Program was established on January 1, 2006. This program provides financial support for minor children in the legal and physical custody of grandparents, relatives, or other kinship caregiver who have a strong relationship or bond with the child and or family. Placing the child with "kin" maintains connections with family, many times in the same community from which the child resided.

Agencies were also charged with exploring visitation and placement with non-custodial parents (particularly fathers) unless it is not in the child's best interest. More and more fathers are registering with the Putative Father Registry. The Putative Father Registry was established to determine the identity and location of an undisclosed putative father who may have conceived a child for whom an adoption petition has been or may be filed in order to provide notice of the adoption to the putative father. The Registry also facilitates interested parties' efforts to identify a putative father through submission of a request for search to be conducted on the Putative Father Registry.

Information on how to engage families and conduct outcome focused home visits has been added to caseworker CORE training developed and provided through OCWTP.

### **Processes, Practices, and Policies to Ensure Compliance with Indian Child Welfare Act (ICWA)**

ODJFS has provided guidelines and technical assistance to PCSAs to comply with ICWA. OAC takes into account the administrative responsibilities for children affected by ICWA. These OAC rules are designed to implement the requirements of Public Law 95-608, the Indian Child Welfare Act, which vest tribal courts with jurisdiction over custody proceedings involving Indian children to assure that their culture is protected and that services provided to the Indian child are in the child's best interest.

When an agency knows or has reason to believe that a child is of Indian heritage and temporary or permanent commitment is being pursued, the agency must provide the court with proof that a child is a member of an Indian tribe and is eligible to be within the jurisdiction of a tribal court. If eligible, a notice by registered mail with return receipt requested must be sent by the agency to the parents or Indian custodian and the tribe. If the tribe cannot be determined, the agency must send the same type of notification in the same manner to the Area Director, Bureau of Indian Affairs and to the U.S. Secretary of the Interior.

Placement of Indian children shall be based on the least restrictive and most appropriate setting which meets the child's particular needs and which is in close proximity to the Indian child's home (OAC 5101:2-42-56). Preference shall be given to a member of the Indian child's extended family, a foster home licensed, approved or specified by the Indian child's tribe-on or off the reservation, or with an Indian foster home certified by ODJFS or another state agency or an institution for children approved by an Indian tribe or operated by an Indian organization which has a program suitable to meet the Indian child's needs.

An adoption can take place with a member of the Indian child's extended family, or another member of the Indian child's tribe or another Indian family. If the Indian child's tribe establishes an order of preference the agency shall abide by the tribe's order. In addition, if the child is to be placed in a non-adoptive placement, the agency shall abide by the tribe's order.

A guidance letter was distributed to each PCSA to assure that procedures were in effect to ensure compliance with ICWA. A protocol for contacting Tribal representatives was contained in the guidance letter. Ohio utilized a training vendor to integrate training related to ICWA into the curriculum for PCSA caseworkers and supervisors. ODJFS also encourages caseworkers to utilize NICWA on-line training.

### Evaluation

Ohio agencies try to place children with relatives or nonrelatives, whenever appropriate, so that the child can preserve connections with family and friends. The chart below demonstrates how Ohio agencies placed children with relatives and nonrelatives in 2006 and 2007.

**Placement Types for Children in Care**

POINT-IN-TIME PERMANENCY PROFILE	Federal FY 2006ab		12-Month Period Ending 03/31/2007		Federal FY 2007ab	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
Foster Family Homes (Relative)	2,559	15.7	2,568	14.8	2,521	14.8
Foster Family Homes (Non-Relative)	9,415	57.6	10,105	58.3	10,202	59.9

Source: Ohio Child and Family Services Review Data Profile: May 8, 2008

CPOE reviews examine PCSA compliance with facilitating other forms of communication with the child and visitation requirements. Between CPOE Stage 5 and CPOE Stage 6 there was an improved level of performance in compliance with requirements governing the provision of other forms of communication with the child and visitation with the family. The following table represents CPOE results.

CPOE Review Data	Other forms of communication with the child	Visitation with paternal parent	Visitation with maternal parent	Sibling visits
Stage 5	84%	84%	89%	85%
Stage 6	93%	90%	94%	86%

### Strengths and Promising Approaches

PCSA's efforts to locate and assess relatives as potential placement resources as identified in the CFR is an active part of everyday casework practice. Ohio is currently revising all OAC ICWA rules as part of the 5 year rule review. Training for all 88 counties will be scheduled once the rules are final. Additional training and rule clarification will assist counties in responsively meeting the needs of Indian children.

Local agency policies advocate for visits to encourage the reunification process, when appropriate. Many courts carefully review visitation plans. This practice preserves connections with families when they are unable to live together. Furthermore, other agencies have stated once a child is removed it is their

agency's policy to get as much information as possible early on to use as a placement resource, if appropriate. This would include consideration of the non-custodial parent and extended relatives.

### **Barriers**

Some of the barriers to preserving connections are as follows:

- Some children do not want to visit their parents.
- Parents may not want to visit the child because of the severity of family problems (addiction, behavioral challenges, unresolved anger) and destructive relationship patterns with the child.
- Lack of basic resources such as transportation and stable housing.
- Parents may be overwhelmed and unable to meet multiple obligations (working, attending services, maintaining sobriety etc.)

## **Item 15: Relative Placement.**

### **Policy**

ORC § 2151.412 requires the agency and court to be guided by the following placement priorities:

- If both parents of the child have abandoned the child, have relinquished custody of the child, have become incapable of supporting or caring for the child even with reasonable assistance, or have a detrimental effect on the health, safety, and best interest of the child, the child should be placed in the legal custody of the child's extended family.
- If a child has no suitable member of the child's extended family to accept legal custody, the child should be placed in the legal custody of a suitable nonrelative.
- If a child has no suitable member of the child's extended family to accept legal custody of the child and no suitable nonrelative is available to accept legal custody of the child, the child should be placed in the temporary custody of the PCSA or PCPA.

When agencies are awarded temporary custody of a child they continue to attempt to locate maternal and paternal relatives who may be willing to assume temporary custody or guardianship of the child (OAC 5101:2-42-05). Agencies shall select a substitute care setting that is consistent with the best interest and special needs of the child and which is considered the least restrictive setting. A home of a suitable relative is considered the least restrictive setting compared to a home of a suitable non-relative, a foster home, a group home, or a children's residential center. Only when an agency determines that a child's mental, physical or emotional needs indicate that a less-restrictive setting cannot address his or her needs, may the agency place the child in a more restrictive setting. Relative homes go through a home assessment/approval process prior to placement of a child in PCSA custody with the relative (OAC 5101:2-42-18).

The Kinship Permanency Incentive Program was established to provide assistance to relatives and other kinship caregivers to defray the costs of initial placement. This program is designed to help relatives and kinship caregivers become guardians and custodians of minors (OAC 5101:2-40-04).

### **Practice**

Locating and assessing relatives as potential placement options are common practice activities for PCSA staff. Relatives are considered as a placement resource each time a child enters foster care and each time a move to a different placement location is considered. If reunification is no longer likely, an alternative permanency plan is developed. At the time an agency seeks to secure permanent custody of a child, preference is given to relatives for adoptive placement.

#### **Changes in Performance and Practice**

As a result of the PIP, Technical Assistance from the National Resource Center on Foster Care and Permanency Planning was requested and began during the fourth quarter. The National Resource Center conducted a preliminary dialogue with all applicable state level staff that provide technical assistance to PCSAs. Concurrent planning and family engagement sessions were held. Additionally, the National Resource Center conducted a trainer's workshop on involving fathers in case planning and engaging the family in group decision making. As part of the family engagement component, involvement of paternal relatives in the process was addressed.

Concurrent planning information was provided to ODJFS staff responsible for developing the Request for Proposal for Ohio's Child Welfare Training Program curriculum.

### **Casework Practices and Resource Issues**

Most PCSAs assess potential kin support early in the assessment/investigation activities of a case. Establishing paternity can be difficult and time consuming. Some agencies incorporate paternity establishment as a regular activity early in the life of a case. This practice is helpful in avoiding future delays that could impact the child's permanency.

### **Regional or County Issues**

#### **Local Snapshots**

Some Ohio courts (Clermont, Hamilton) prefer to grant "legal custody" to relatives rather than temporary or permanent custody. At times, this benefits caregivers if relatives are eligible for Kinship Permanency Incentive Program funds.

Some county courts (Morrow County) prefer to grant temporary custody to relatives. At times, legal custody may be granted, but it may take a prolonged time period, making it more difficult for the child to achieve permanency and the relative home to access support funding.

The Title IV-E Waiver (ProtectOhio) has provided an incentive for some ProtectOhio counties to focus on identifying and supporting kinship caregivers in formal and informal ways. The goal of the Kinship component of the Title IV-E waiver is to improved outcomes for children, including fewer incidents of substantiated abuse or neglect, shorter length of time in PCSA custody, and reduce re-entry to foster care. The following counties are participating in the Kinship Strategy: Ashtabula, Greene, Lorain, Medina, Muskinghum and Portage. The kinship strategy involves identifying and recruiting kinship caregivers, as well as providing them with services to maintain the placement. Three counties used Family Team Meetings to gather information on kin. Participating counties offer a variety of services to support kin. Other counties are using funding to develop specialized positions within the agency to support kinship caregivers or train staff to work with kinship caregivers. Designated kinship staff help maintain placements by assisting kinship caregivers as they apply for DJFS services, attend multi-system meetings, obtain legal custody, and access community services (i.e., respite care).

### **Searches for Paternal and Maternal Relatives**

Genograms are used widely throughout the State to conduct relative searches. A genogram is a pictorial display of a child's family relationships and medical history. It goes beyond a traditional family tree by allowing the user to visualize hereditary patterns and psychological factors that punctuate relationships. It can be used to identify repetitive patterns of behavior and to recognize hereditary tendencies. The Genogram maps out relationships and traits that may otherwise be missed on a pedigree chart. Genograms contain a wealth of information on the families represented. First, they contain basic data found in family trees such as the name, gender, date of birth, and date of death of each individual. Additional data may include education, occupation, major life events, chronic illnesses, social behaviors, nature of family relationships, emotional relationships, and social relationships. Some Genograms also include information on disorders running in the family such as alcoholism, depression, diseases, alliances, and living situations. Genograms can vary significantly because there is no limitation on what type of data can be included.

#### **Evaluation**

According to the 2000 Census Data, 185,443 Ohio children live with their grandparents. In 86,000 Ohio households with children, the grandparent is the primary caregiver.

Ohio agencies try to place children with relatives, whenever appropriate, so that the child can preserve connections with family and friends. The chart below demonstrates how Ohio agencies placed children with relatives and non-relatives in 2006 and 2007. Data results are somewhat limited, as only certified foster family relatives are counted. The majority of relatives are "approved" by PCSAs for placement, but

are not included in this chart. Other situations involve relatives who provide care for children by agreement with the parents who may maintain legal custody of the child. These arrangements are also not reflected in data results.

### Placement Types for Children in Care

POINT-IN-TIME PERMANENCY PROFILE	Federal FY 2006ab		12-Month Period Ending 03/31/2007		Federal FY 2007ab	
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Foster Family Homes (Non-Relative)	9,415	57.6	10,105	58.3	10,202	59.9

Source: Ohio Child and Family Services Review Data Profile: February 12, 2008

### Strengths and Promising Approaches

As discussed in prior sections, Ohio's Biennial Budget (HB 66) established the Kinship Permanency Incentive (KPI) program to promote permanency when kinship caregiver(s) become guardians and custodians for minor children who would otherwise be unsafe or at risk of harm in their own homes. KPI provides time-limited incentive payments to families caring for kin. Eligible families receive an initial payment of \$1,000 per child to defray costs of initial placement and may receive five hundred dollars per child at six month intervals to support the stability of the child's placement in the home (\$3,500 limit). As of June 30, 2007, there were 2,726 KPI approvals for kinship children living with relatives.

KPI was revised in July 2007 as a result of Am. Sub. HB 119. OAC 5101:2-40-04 was revised to reflect the changes and became effective on July 2, 2007. Changes include:

- Removal of the requirement that the child must be adjudicated by the juvenile court as being abused, neglected, dependent, or unruly.
- Removal of the best interest language as part of the requirement for the court order awarding legal custody or guardianship to the kinship caregiver.
- Removal of the requirement that the child must be determined as "special needs".
- Amending the guidelines governing the gross income of the caregiver's family, including the child, from 200 percent of the federal poverty guidelines to 300 percent.

With these changes (expanding eligibility and two year re-determinations), SFY 2008 data indicate program utilization has more than doubled.

Additionally, Ohio enacted a law allowing grandparents to obtain authorization to enroll dependent grandchildren in school and to consent to medical care. This legislation, known as the Grandparent Caretaker Law (Substitute House Bill 130), became effective on July 20, 2004. The law permits grandparents to file either a Power of Attorney (POA) or a Caregiver Authorization Affidavit (CAA). These legal documents assist Grandparent Caregivers who have physical, (but not judicially awarded), custody of their grandchildren. When properly completed, notarized and filed with the court, these documents assist grandparents with: enrolling grandchildren in school and participating as the parent; and accessing routine and emergency medical and dental care. According to the H.B. 130 evaluation completed by Wright State University's Center for Healthy Communities, "...stakeholders differed in their opinions about many aspects of the Grandparent Caretaker Law, the majority agreed that the law has provided a convenient method for grandparent caregivers to obtain a legal way to enroll children in school and provide them with medical care."

ODJFS also publishes a statewide kinship family resource guide describing local support and kinship services/resources. The guide was updated in March 2007 and released to the public.

To assist relatives financially for costs related to providing care for kin, some counties offer daycare vouchers to kinship caregivers. Counties have varying policies, Hamilton County provides vouchers to kinship caregivers as long as the case is “open” with the PCSA and the kinship caregiver meets the 150% federal income level guidelines.

ODJFS collaborates with the Statewide Kinship Care Advisory Board and the Statewide Grandparents/Kinship Coalition (OGKC). The Kinship Care Advisory Board is comprised of representatives from public and private child caring agencies, ODJFS, Area Agencies on Aging, Ohio Family and Children First, Legal Aid, and kinship caregivers. The Advisory Board continues to meet quarterly to discuss and evaluate Ohio’s Kinship Care Program and provide recommendations and feedback to the Director of ODJFS. OGKC is an organization for grandparents and agency representatives to support grandparents and other kin who are raising children. This organization brings kinship caregivers and agencies together for the purpose of sharing information and resources as well as advocating for all kinship caregivers.

The ProtectOhio Kinship component, with its rigorous evaluation methodology, will assist Ohio in identifying critical methods to locating and supporting kin.

## **Barriers**

Court practices differ in terms of granting “temporary” versus “legal” custody to relatives. Some counties report children may experience permanency delays and caregivers may be ineligible for support funds depending upon custody determinations and eligibility criteria for supportive services.

Many relatives and kinship caregivers advocate for a statewide subsidized guardianship program that would provide monthly financial assistance (similar to a foster care per diem). Due to budget constraints and current financial assistance for kinship caregivers, this is not an option for Ohio at this time.

Funding of the Kinship Navigator Program is implemented based upon “county” discretion. State funding is needed to broaden the program statewide (as was done in previous years). The Kinship Navigator Program is responsible for providing outreach to the community; identifying the caregiver population; assessing their needs; providing information to kinship caregivers about available community services, including legal services, training, respite care, child care and financial assistance; and assisting them in accessing services. As of March 2006, there were approximately 38 counties that continued to operate a Kinship Navigator Program. While many of the current Kinship Navigators are housed within the local PCSA, other counties house Navigators in various community service agencies (i.e., Area Office on Aging, Community Action).

## **Item 16: Relationship of child in care with parents.**

### **Policy**

Services to the child and parents, as well as family visitation, are designed to enhance and strengthen relationships. ORC § 2151.421 requires PCSAs provide services to the family in order to preserve the family unit. ORC § 2151.412 requires that the case plan for a child (if the child is or has been the victim of abuse or neglect or if the child witnessed the commission in the child's household of abuse or neglect against a sibling of the child, a parent of the child, or any other person in the child's household) in temporary custody includes, at a minimum:

- The child's parent, guardian, or custodian participation in mandatory counseling.
- The child's parents, guardian, or custodian participation in any supportive services that are required or provided pursuant to the child's case plan.

PCSAs must provide reasonable and timely verbal and written notification to the following parties of their responsibility to work with the agency in jointly developing, implementing and reviewing the case plan:

- The child's parent, guardian or custodian;
- The child's prefinalized adoptive parent, if applicable;
- The child's Guardian ad litem and/or court appointed special advocate, if one has been appointed.
- The child, if age appropriate.
- The Indian tribe and extended relatives as defined by the child's tribe, if applicable.

(OAC 5101:2-39-081, 5101:2-38-05)

Agencies shall arrange for and provide each child in temporary custody, whether custody is by agreement or commitment, an opportunity for regular and frequent visitation with the parent, guardian or custodian. The agency works with the parent, guardian or custodian, child, when age appropriate, in developing visitation plans. The policy requires plans to include: frequency, duration, location, and restriction of visits. Agencies also ensure children have opportunities for other forms of communication with parent(s), guardian(s) or custodian(s) on a regular basis (OAC 5101:2-42-92).

### **Practice**

Upon placement and throughout a child's stay in care, the PCSA or PCPA provides services to prepare the child and his/her parent when the child is to be returned home. Caseworkers meet with parents, foster caregivers and other service providers to determine the best methods for maintaining and/or promoting child/parent relationships. Frequent visits between the parent and child are designed to enhance the parent/child relationship.

### **Casework Practices and Resource Issues**

In many cases, agencies look to the noncustodial parent as a first choice for placement. In circumstances where that does not occur, visitation with the noncustodial parent is facilitated by the agency, if appropriate.

When a child is removed from their home, many agencies establish a visitation plan with the parent and child within 72 hours. This allows visitation to start almost immediately in order to maintain the relationship.

Some agencies offer an on-site "visitation center" for family visitation. Some offer "off-site" visit locations in partnership with private agencies (i.e., YMCA, family safety centers, advocacy centers). Agencies often

rely on foster parents or case aide support staff to transport families to visit. If transportation is a barrier for parents, agencies arrange transportation for them.

Visits between the parent and child in care also increase as reunification nears. This practice continues to strengthen the bond between parent and child, so the transition of the child back in the home will go smoother.

During monthly visits between the caseworker and parent discussions occur regarding the parent's ability to provide a safe environment for the child upon return to the home. If reunification is not the goal and a child is placed in a planned permanent living arrangement visits will continue between the parent and child.

SARs are designed to review case progress and the long term ability of the parent to provide a safe environment for their child. With the implementation of CAPMIS, at the time of agency roll-out in SACWIS, PCSAs will be conducting Case Reviews every 90 days. Additionally, the CAPMIS Reunification Assessment will examine whether the parent has the capacity to provide for the child's basic needs and whether during visits with the child the parent has demonstrated an ability to meet the child's needs for safety in a manner that suggests safety threats are not expected to emerge by the child's presence within the family.

### **Regional or County Issues**

#### **Local Snapshots**

In Lorain County, parents are expected and encouraged to continue participation in their children's lives after their children have been removed from the home. Parents should be notified of and attend counseling, medical, educational and legal appointments regarding their children. If they are not able to attend, they are encouraged to contact the service provider to get a better understanding of what their children are experiencing and what their role needs to be, although the caseworker will share with the parent the outcome of all meetings regarding the children. It is expected that parents attend and participate in all meetings and planning for the children so that they are aware of what their children need and what the parent must do to better support their child. Family Team Meetings that can include children and foster parents are held at least every 90 days to provide a forum for the parents to discuss their needs and elicit support from others including the foster parents. The 90 day requirement began in late 2007, though Family Team Meetings were taking place before that. It is believed that children and parents should see each other as often as possible, but not less than 2 hours per visit and at least 2-3 times per week for preschool children and 1-2 times per week for school age children. Visits are to take place in the home, in a family member's home, or any other place where the children and parents feel comfortable and where the child will be safe. Supervised visits would only occur if there is an active safety risk to the child. Parents and children are encouraged to communicate with each other by phone or mail and to be included in any special family events, including weddings, funerals, and birthdays.

Belmont County uses various practices to maintain contact between children and their parents. Parents are to attend all medical appointments. The agency will transport the parent, if needed, and will transport them to out of town medical appointments also. In most situations, parents are allowed to attend the child's school functions such as choir concerts and sporting events. The agency also uses Family Counseling when age appropriate. Children often attend the Family Team Meetings. Often when the child is an infant, the parents will hold him during the meeting. Birthday parties and holiday events can be used as an extra home visit or they could meet at a neutral location for the activity (depending on what is appropriate). Phone calls and exchange of letters and pictures are also encouraged.

Cuyahoga County conducts SARs every 90 days for children (age 0-3). More frequent reviews ensure visitation occurs timely, in the least restrictive setting, and in alignment with reunification goals. The agency is utilizing a control group (of children who receive less frequent/every 6 month reviews) to determine how successful the initiative is in supporting reunification timeliness.

Cuyahoga County conducts SARs every 90 days for children (age 0-3). More frequent reviews ensure visitation occurs timely, in the least restrictive setting, and in alignment with reunification goals. The

agency is utilizing a control group (of children who receive less frequent/every 6 month reviews) to determine how successful the initiative is in supporting reunification timeliness.

As described in prior sections, Hamilton County has a 72 hour visitation policy in place for children and their parents. Hamilton ensures that a visitation plan is based upon the needs of the child and family. Visits may occur up to 2 hours at a time. The county has also contracted with a private provider to implement a relationship building/therapeutic model during family visitation. The provider creates a nurturing/teaching environment for “supervised” visits that incorporates a family “debriefing” to reinforce new communication and relationship patterns. The program currently serves 52 families and has been so successful, the county is expanding it.

Morrow County also contracts with a private provider, (Family Nurturing Center), to strengthen parent/child visitations. The Center supervises visits and trains/coaches parents to improve parenting skills and family communication patterns.

### **Strengths and Promising Approaches**

Eight ProtectOhio counties chose to use flexible funding to make changes to their visitation service delivery model with the intention of improving the quality of visits, enhancing the parent-child bond, and providing better outcomes for children. Counties electing to participate in the supervised visitation strategy include: Clark, Crawford, Fairfield, Medina, Muskingum, Portage, Richland, and Stark.

The model for the supervised visitation intervention consists of five critical components:

- Visits should occur weekly
- Visits should last at least one hour
- Visits should be supervised
- Activities are planned and completed
- At least one parent attends the visit

The first two components focus on the consistency and frequency of visits. The last three components focus on what occurs during visits. This strategy is limited to abused and neglected children (age 12 and under) who have a case plan goal of reunification.

Evaluation results may provide PCSAs with “tested” methods to improve parent/child visits.

Counties are also developing partnerships with community agencies to strengthen visitation strategies. Many agencies report implementing visitation plans immediately (within 72 hours) when a child is placed away from home. This practice helps the family transition and enables the PCSA to begin engaging the family in the case planning process.

### **Barriers**

Normal agency business hours can present barriers if visitation occurs during school hours or limits the time families can spend together. Many agencies prefer visits occur from 9:00 am to 5:00 pm which may not be optimal for families, substitute caregivers, or children.

Resistance from children and/or parents also impacts regular visitation. At times, older children may express reluctance or refusal to visit with a parent. Other times, a parent may be overwhelmed with trying to engage in services, maintain employment and meet other basic needs.

Children may experience fear and behavioral reactions related to visitation. These reactions may influence substitute caregiver(s), caseworkers, as well as parents who may wish to avoid family interactions that are potentially painful or confusing for the child.

Parents may resent PCSA oversight during supervised visitation. They may feel uncomfortable being observed by agency staff or other service providers.

## **C. Child and Family Well-Being**

**Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.**

**Item 17: Needs and services of child, parents, foster parents.**

**Item 18: Child and family involvement in case planning.**

### **Policy**

ORC § 2151.41.2 requires PCSAs and PCPAs prepare and maintain case plans for any child and family who is receiving services from the agency. The only exception to this requirement is when a PCPA is providing services to a child who is subject to a voluntary permanent surrender and the child is less than six months of age.

### **In-Home Voluntary Cases**

The case plan must be completed no later than sixty days (typically within thirty days) after the case resolution indicated the need for services and the parent, guardian, or custodian has agreed upon the provision of services; or the parent, guardian, or custodian has requested services. The child's parent, guardian, or custodian and child, if age appropriate, are provided with the opportunity to participate in the joint development, implementation and review of the case plan. There has to be agreement on the contents of the case plan and signatures obtained on the case plan prior to implementation. All parties receive a copy of the case plan. The case plan is amended when there are changes in the conditions of the child and his parent, guardian, or custodian which affect the provision of supportive services, risk to the child has changed, or the child is placed in out-of-home care. The PCSA may implement the amendment once the parent agrees to the change and the agency attempts to obtain parental signatures. When there is no longer agreement to the provisions contained in the case plan, the agency either: discontinues services; or requests court intervention if the child is an abused, neglected, or dependent child, or is threatened to become an abused, neglected, or dependent child. (OAC 5101:2-39-08, 5101:2-38-01).

Case plan goals and objectives are reviewed monthly with the family during caseworker visits and formal SAR reviews. Upon CAPMIS implementation, agencies conduct Case Reviews every 90 days. Case Reviews ensure that continued efforts are made to: assess child safety; evaluate the effectiveness of supportive services offered and provided to the child, his parent, or prefinalized adoptive parent; identify barriers to the provision of services; and prevent placement, whenever possible, of the child in out-of-home care. At the time of case closure the agency notifies the child's parents.

### **Court Involved Cases**

The case plan shall be filed with the court no later than 30 days from the date the complaint was filed or the child was placed in shelter care; or prior to the adjudicatory hearing, whichever occurs first. The case plan is based on the assessment of risk to the child and any other information obtained. Once the court has journalized the case plan all parties are bound by the terms of the case plan (ORC § 2151.412; OAC 5101:2-39-08.1, 5101:2-38-05).

The following parties are responsible for working with the agency in developing, implementing and reviewing the case plan: child's parent, guardian, or custodian; the child's prefinalized adoptive parent, if applicable; the child's guardian ad litem and/or court appointed attorney, if one has been appointed; the child, if age appropriate; and the Indian tribe and extended relatives as defined by the child's tribe, if applicable.

The substitute caregiver is also provided with an opportunity to participate in the development, implementation, and reviews of the case plan. It is important to note that including the substitute caregiver on the case plan makes them a party to the case. In some situations that can be problematic since the agency or any other party to the case may request a change to the case plan by filing a proposed change with the court.

Case plans are reviewed during monthly visits with the family and formal reviews occur during the SAR. Upon CAPMIS implementation, case plans are reviewed during Case Reviews which occur every 90 days.

## **Practice**

PCSAs jointly attempt to collaborate with the child's parent and child (if age appropriate) so that each case plan is unique to the individual family based on their needs. This occurs through both written and verbal communication with the parent and child to extend an invitation to attend meetings to discuss the development of the case plan, identify the families' strengths and weaknesses, and the services that are available to address these areas.

Through the CPOE process, case record reviews have documented disparity amongst the PCSAs in the level of collaboration and attempts to collaborate with the family in the case planning process. This disparity occurred between cases in which the family is receiving in-home or court ordered supportive services. The previous CF SR identified the case plan document did not adequately reflect the activity or level of attempts a PCSA may make in engaging the family in the case planning process. Additionally, the six month time period to review services identified in the case plan for a family was identified as a barrier.

A collaboration of state staff and PCSAs tackled the issues with the case plan document in an effort to encourage caseworkers to engage the family in the case planning process and to have a document easier for the families to comprehend and ultimately, adhere to.

The CAPMIS pilot counties identified the Family Assessment as the first point of collaborating with the family to identify and discuss their strengths and needs. This strength based approach facilitated interactions between the caseworker and the family, which in turn increases engagement in the case planning process. The strengths and needs caseworkers and families identified through the assessment process are then utilized in the identification of services listed in the case plan. The link between these two processes establishes a collaborative approach to address the issues that warranted child protective services.

The CAPMIS pilot counties also identified the Case Review as an opportunity to assist the caseworker in engaging the family in the case planning process. Since more frequent reviews of the progress or lack of progress occur, caseworkers are more likely to recognize in a shorter time frame the progress the family has made. Furthermore, if progress is not being made, the parties are given an opportunity to analyze barriers. Barriers may include the unavailability of needed services, the inappropriateness of provided services, or communication issues between the PCSA and the family. Two of the four CAPMIS pilot counties chose to share and discuss the Case Review directly with the family. This activity demonstrates an increased level of engagement of the family in the case planning process.

## **Changes in Practice**

Ohio has implemented many changes since the first CF SR PIP. CAPMIS replaced the *Family Decision Making Model*, which had been implemented in Ohio since January 1998. OAC rule enhancements addressed the frequency, location, and content of caseworker and parent visitation requirements. Recent rule revisions provide new performance standards guiding agency visits to children in substitute care.

Additionally, State and county PCSA staff collaborated in a workgroup from July 2004 until January 2005 to develop an outcome based home visit tool. This tool, known as "Task List" will be used in practice by caseworkers during home visits with the family. Use of the "Task List" enables caseworkers to break down broad case plan objectives into smaller, more manageable activities; serve as a means to document tasks that are to be completed (by the family or the caseworker) between home visits; and help track progress toward meeting case plan objectives. The "Task List" was incorporated into the Child Protection Services Worker Manual which was distributed to PCSA caseworkers and supervisors during CAPMIS readiness training. The manual is also available on the eManuals website.

**Casework Practices and Resource Issues**

As Ohio is a state supervised, county administered system, casework practice and resources may differ from county to county. Many PCSAs embrace family team decision making models and invite families to participate in case planning meetings. Many times case planning meetings also include the family's support system. Other PCSAs have a more informal approach to engaging families in the case planning process.

PCSAs must invite the family to attend the SAR where the case plan and services provided are formally addressed. However, many PCSAs invite families to review the case plan on a more frequent basis. The Case Review tool has been developed to review a family's case plan services, safety, and risk on a more frequent basis. Although rule does not specify that this must be done with the family, many PCSAs are discussing the Case Review with the family, either formally, through a meeting, or informally, during home visits with the family. As stated previously, the family, as well as others who are pertinent to the case (e.g., foster parents, service providers) is invited to the SAR. The SAR is held every 6 months. Parents have the opportunity to sign the SAR and are required to receive a copy of the document.

Review of case plan goals and progress are also discussed during face-to-face contacts with the family. Caseworkers are required to have face-to-face contact with the parent and child being serviced through the case plan at least monthly. One contact every two months must be made in the child's home. The purpose of the face-to-face contact is to monitor progress on case plan objectives.

**Evaluation**

Baseline data was established in the CFSR PIP to measure the level of improvement in engaging families and children in the case planning process. Baseline data were based upon 44 Child Protection Oversight Evaluation (CPOE) Stage 5 reviews completed and separated into three (3) categories of ongoing services: in-home supportive services; protective supervision (court-ordered in-home services); and substitute care. Baseline data were reported in the second quarterly PIP report submitted in July 2004.

At that time, the baseline established:

In-home Supportive Services	Documentation that the PCSA provided parents and/or child the opportunity to participate in the development of the case plan	85%
	PCSA obtained agreement on the content of the case plan and provided a copy to the parents and/or child	72%
Protective Supervision	Documentation that the PCSA provided parents and/or child the opportunity to participate in the development of the case plan and provided each with a copy.	71%
Substitute Care	Documentation that the PCSA provided parents and/or child the opportunity to participate in the development of the case plan	70%
	Documentation that the PCSA provided notice to the substitute caregiver of the opportunity to participate in the development of the case plan	53%

When all 88 PCSAs were reviewed for CPOE Stage 5 compliance with visitation requirements, the statewide performance percentages for the three (3) categories were:

In-home Supportive Services	Documentation that the PCSA provided parents and/or child, the opportunity to participate in the development of the case plan	84%
	PCSA obtained agreement on the content of the case plan and provided a copy to the parents and/or child	71%
Protective Supervision	Documentation that the PCSA provided parents and/or child the opportunity to participate in the development of the case plan and provided each with a copy.	67%

Substitute Care	Documentation that the PCSA provided parents and/or child the opportunity to participate in the development of the case plan	69%
	Documentation that the PCSA provided notice to the substitute caregiver of the opportunity to participate in the development of the case plan	56%

PCSA's achieving less than 90 percent compliance on the performance measures for CPOE Stage 5 were required to complete a QIP outlining strategies the agency would implement to improve performance.

CPOE Stage 6 results, (involving 84 counties as 4 counties participated in CAPMIS pilots and were excluded), revealed:

In-home Supportive Services	Documentation that the PCSA provided parents and/or child, the opportunity to participate in the development of the case plan	87.5%
	PCSA obtained agreement on the content of the case plan and provided a copy to the parents and/or child	83.8%
Protective Supervision	Documentation that the PCSA provided parents and/or child the opportunity to participate in the development of the case plan and provided each with a copy.	69.4%
Substitute Care	Documentation that the PCSA provided parents and/or child the opportunity to participate in the development of the case plan	70.3%
	Documentation that the PCSA provided notice to the substitute caregiver of the opportunity to participate in the development of the case plan	59.6%

Further analysis of CPOE Stage 6 Review results reveal large, medium-small and small size population groupings achieved the highest compliance ratings. The majority achieved 100 percent levels. Small size counties achieved the highest compliance rating for protective supervision cases, with the majority achieving 100 percent. Strong performance (above 90 percent) for substitute care case plan requirements were most evident in medium size counties. Only 16 of 88 counties achieved strong (90 percent or above) compliance ratings for documenting PCSA's provided parents and/or child(ren) with opportunities to participate in developing case plan across all the universes (in-home, protective supervision, and substitute care).

Despite increased monitoring attention, overall PCSA results for documenting family involvement in the case planning process has not significantly improved. A weakness in these data results is the sole reliance on caseworker case record/case plan documentation to measure family involvement. Some PCSA's report families are actually more involved than record documentation reflects. In an effort to address this issue, the case plan was revised in February 2006 to require documentation of how families are engaged in the case planning process. The case plan now specifically asks a caseworker to explain how the family was encouraged to participate with the development of the case plan and requests a description of how the parent participated in the case plan development. It is hoped this modification will improve Ohio's success rate in documenting caseworker activities of engaging parents in the case planning process.

### Strengths and Promising Approaches

Cuyahoga and Hamilton County have implemented strong wraparound programs that incorporate the values of giving families a voice in the case planning process. These models utilize frequent family team meeting approaches involving children, providers, family resources, system participants etc. Program staff are typically trained in facilitating group planning processes to ensure families are respected and given a "voice" in identifying goals, services, and decisions impacting their lives.

Although counties are challenged to document all case planning activities electronically, many caseworkers develop creative and sometimes time consuming methods to engage families in the case planning process in their own homes. Families are often less intimidated when issues are discussed in a

familiar environment and the caseworker takes the time to use positive and clear language to express service needs, family strengths, and goals.

All Title IV-E Waiver, ProtectOhio, counties utilize Family Team Meetings (FTM) that target children who are receiving ongoing services with an initial case plan goal of reunification or maintain in home. Counties involved in the Waiver include: Ashtabula, Belmont, Clark, Crawford, Fairfield, Franklin, Greene, Lorain, Medina, Muskingum, Portage, Richland, Stark, Coshocton, Hardin, Highland, and Vinton.

The FTM model includes, at a minimum, the following key elements:

- Holding meetings over the entire period of ongoing services, including at a minimum within 30 days of case opening to ongoing services (assist in developing the case plan and at least quarterly after the case plan is completed).
- Using trained facilitators to arrange meetings to help assure participants attend and know what to expect, and support the family in meetings and preparing for them.
- Involving birth parents, primary caregivers and other family members, foster parents, support people, and professionals in FTM.
- Using a process that includes the following components: agenda, introduction, information sharing, planning, and decision process.

Results from evaluation of this model may assist PCSAs in identifying effective methods for engaging families.

The Ohio Child Welfare Training Program (OCWTP) amended revised Caseworker Core training to include the following Core Modules to address case planning:

- Caseworker Core Module 2- focuses on engagement in family centered child protective services.
- The Module 2 Learning Lab focuses on skills in engaging families in family assessment and case planning.
- Caseworker Core Module 3- Legal Issues – emphasize father's rights and working with fathers.
- Caseworker Core Module 4- teaches safety, risk and family assessments.
- Caseworker Core Module 6- addresses engaging fathers.

Many PCSAs have collaborated with their local child support office in an effort to locate absent parents.

## **Barriers**

CPOE 6 Review discussions reveal some PCSA staff feel overwhelmed with ensuring and assessing child safety issues. At times, this focus makes it difficult to fully engage and build a comfortable and relationship with family members if the parent is presenting safety threats to the child's well-being. Caseworkers report it is sometimes not possible to engage families right away and that it takes time to develop trust and establish a positive working relationship.

The Safety Workgroup discussed additional barriers: unresolved anger among family members, caseworker inexperience with developing positive rapport with parents, parental distrust of agency staff and/or government interventions, failure of staff to truly ask for family involvement, parental substance abuse, attorney advice, legal oversight and jargon.

CPOE 6 Reviews and SACWIS implementation discussions reveal some PCSAs believe computerization of the case planning tools has made it more difficult to involve family members in the case planning process. As agencies are required to document information material electronically in a timely manner, some staff report not having adequate time to explain all of the case plan terms and requirements to family members. In addition, hard copy documents are sometimes not readily available making it difficult for staff to review with families during the development process.

**Item 19: Caseworker visits with child.**

**Item 20: Worker visits with the parents.**

## **Policy**

### **In-Home Voluntary Services**

PCSAs are responsible for making face-to-face contact with each parent, guardian or custodian, and child participating in and being provided services no less than monthly to monitor progress on case plan objectives. At least one contact every two months must be made in the child's home. If the initial attempt of face-to-face contact is unsuccessful, PCSAs shall attempt a minimum of two additional face-to-face contacts within the calendar month (ORC 5101:2-39-08, 5101:2-38-01). A task list was developed and is included in the CPS Worker Manual and CAPMIS Field Guides (published in July 2006) to guide the PCSA in documenting quality discussions with families related to services and progress in meeting case plan goals.

### **Protective Supervision**

The PCSA shall make face-to-face contact with each parent, guardian, or custodian, or, if applicable, pre-finalized adoptive parent, and child participating in and being provided services through the case plan no less than monthly to monitor progress on the case plan objectives. At least one contact every two months must be made in the child's home. If the initial attempt to complete face-to-face contact is unsuccessful, the PCSA shall make a minimum of two additional attempts to complete the face-to-face contacts within the calendar month. The PCSA may suspend home visits with the parent, guardian, or custodian of a child when conducting visits in the home presents a threat to the safety of the caseworker. A written justification to suspend visits in the home shall be documented in the case record (OAC 5101:2-39.081, 5101:2-38-05).

### **Safety Planning**

In addition to the above mentioned caseworker visits with parents, upon CAPMIS implementation, PCSAs immediately develop and implement a Safety Plan when it is determined a child is in immediate danger of serious harm. The PCSA assesses the presence of active safety threats; the vulnerability of the child; the protective capacities of the parent, guardian, or custodian; and the family's history of child abuse and/or neglect resulting in serious harm to determine the degree of intervention necessary to control safety threats and protect the child. If, after the assessment of safety, the safety response is to implement an in-home safety plan or an out-of-home safety plan, the PCSA develops a Safety Plan utilizing the Safety Plan for Children. However, if, after the assessment of safety, the safety response is to implement a legally authorized out-of-home placement, the PCSA contacts law enforcement and/or removes the child. Completion of the Safety Plan for Children is not required in this situation. The PCSA monitors the Safety Plan to ensure action steps control identified safety threats. PCSAs conduct weekly home visits to monitor in-home safety plans (child remains in the home). During home visits, the PCSA makes face-to-face contact with each child and parent involved in the safety plan. PCSAs have weekly contact with children or persons responsible for an action step either by telephone or face-to-face to monitor out-of-home safety plans (child is voluntarily placed with a third party). Additionally, the PCSA has face-to-face contact with each child every other week (OAC 5101:2-37-02).

## Substitute Care

### ***Caseworker visits with children in substitute care***

When a PCSA is granted temporary or permanent custody of a child and places the child in a relative or non-relative approved home, a foster home or group home certified by ODJFS the agency is required to:

- Conduct at least one face-to-face visit with the child and substitute caregiver within the substitute care setting during the first week of placement, not including the day of placement.
- Conduct at least one face-to-face visit with the child and the substitute caregiver within the substitute care setting during the first four weeks of placement, not including the visit during the first week of placement.
- Conduct at least one face-to-face visit with the child and the substitute caregiver monthly with at least one of the visits occurring in the substitute care setting within each six-month period.

(ORC 5101:2-42-65)

For children placed in a treatment or medically fragile foster home agencies are required to:

- Conduct at least one face-to-face visit with the child and substitute caregiver within the substitute care setting during the first week of placement, not including the day of placement.
- Conduct face-to-face visits with the child and the substitute caregiver at least once every two weeks with at least one of the visits occurring in the treatment or medically fragile foster home each month.

(ORC 5101:2-42-65)

For children placed in a children's residential center (CRC) agencies shall:

- Contact the CRC within ten days of placement.
- Conduct face-to-face visits with the child at least every other month, with at least one visit in each six-month period occurring in the CRC.

(ORC 5101:2-42-65)

For children who are sixteen years of age or older and placed in an independent living arrangement in which the child is responsible for his individual living environment, agencies shall:

- Conduct a face-to-face visit with the child in the living environment within seven days of placement.
- Conduct monthly face-to-face visits with the child with at least two visits in each six-month period occurring in the living environment.

(ORC 5101:2-42-65)

For children in adoptive placement caseworkers are required to visit children in an adoptive placement no later than 7 days from the adoptive placement date. The caseworker must make face-to-face contact with the child monthly until finalization. Two visits in every 6 month period must be made in the adoptive home (OAC 5101:2-48-17).

Effective February 17, 2008, OAC rule 5101:2-42-65 *Caseworker Visits and Contacts with Children in Substitute Care* was revised to clarify content requirements including documentation of safety and well-being indicators such as functioning, vulnerability, significant family changes, goal progress, and permanency plans. The revised rule also added provisions to ensure all foster caregivers (listed on a

certificate) are visited regularly, increased visitation frequency requirements for “special needs” children, and identified the responsible party (caseworker) who may conduct visits.

Agencies placing children in a substitute care setting through the *Interstate Compact for the Placement of Children* agencies shall:

- Request the out-of-state children services agency provide needed supervision and services to the child as identified in the child's case plan.
- Contact the substitute care setting within ten days of the child's placement and at least every other month thereafter.
- Conduct a face-to-face visit with the child at least every six months.

### ***Caseworker visits with parents of children who are in substitute care***

For children in custody, PCSAs are required to make face-to-face contact with each parent participating in and being provided services, no less than monthly to monitor case plan progress. At least one contact every two months must be made in the home of the parent. If an attempted face-to-face contact is unsuccessful, the PCSA must attempt a minimum of two additional face-to-face contacts within the calendar month. Home visits may be suspended if the parent of a child in PCSA custody presents a threat to the caseworker. However, if the home visits are suspended, face-to-face contact with the parent is required to be conducted monthly in a safe location (OAC 5101:2-39-08.1, 5101:2-38-05).

### **Practice**

As previously mentioned, Ohio's child welfare system is state supervised, county administered. As a result, counties have some discretion in how rules are interpreted and implemented. During Ohio's first CFSR, “Worker Visits with Parents” was identified as an “Area Needing Improvement.” At that time, 34 percent of applicable review cases, revealed visits were not sufficiently documented to promote safety and well-being outcomes for families. Of the other cases, many PCSAs exceeded minimal State requirements for contact with parents. Prior to December 2001, OAC rules did not mandate frequency of caseworker visits with parent(s) for court involved cases and PCSAs made these determinations individually. Particular weaknesses were noted in documentation for monitoring case plan progress, identifying individual participants, and specifying locations of face to face contacts. In September 2005, minimal frequency requirements for in-home supportive services caseworker/parental visits were stipulated in rule.

The CAPMIS model, specifically the *Case Review* tool, is meant to improve and increase caseworker contacts with the family. The Case Review is completed every three months to assist the caseworker in reviewing safety and risk issues while assessing case plan services. Because CAPMIS tools incorporate family perspectives, as well as resources/strengths, it is believed review activities will help caseworkers engage families in case planning activities, as well as improve the quality of caseworker/family contacts.

During CPOE Stage 6 reviews, 84 counties were monitored for visitation compliance requirements set forth in the above mentioned rules, excluding visits required as a result of development of a Safety Plan (recent rule requirement). A random selection of cases were reviewed and agencies not achieving a 90 percent compliance level were required to develop a QIP.

## **Worker Visits with Parents and Children in their own Homes**

### **In-Home Voluntary**

Nine Hundred sixty-four in-home supportive services cases were reviewed for compliance with making face-to-face contact with each parent, guardian or custodian, and child participating in and being provided

services no less than monthly to monitor progress on the case plan objectives and conducting at least one contact every two months in the child's home. Results are summarized below:

Type of Visit	Monthly Visits	Visits in the Home at Least every 2 Months
Children	72.3%	82.5%
Parent, Guardian, or Custodian	65.9%	79.1%

Analysis reveals medium-small size counties achieved a higher compliance rating than other county size groupings. Medium-size, large and metro counties achieved better compliance scores for conducting visits in the home at least every two months. During case reconciliations, some agencies indicated visits occurred; however caseworkers failed to document visits in case records. Other agencies indicated high caseworker turnover, as well as parental “no shows”, impacted poor compliance ratings.

### Protective Supervision

During CPOE Stage 6, 1,187 protective supervision cases were reviewed to determine compliance with making face-to-face contact with each parent, guardian, or custodian, or, if applicable, pre-finalized adoptive parent, and child participating in and being provided services through the case plan no less than monthly to monitor progress on the case plan objectives and at least one contact every two months must be made in the child's home. The following table reveals statewide results:

Type of Visit	Monthly Visits	Visits in the Home at Least every 2 Months
Children	74.3%	83.7%
Parent, Guardian, or Custodian	62.4%	75.4%

Further analysis reveals medium-small counties achieved higher compliance ratings for conducting monthly visits than other county groupings. Small agencies had the most difficulty achieving compliance for visiting every two months in the child's home.

It is important to note, data results are somewhat skewed as results are based strictly on case record documentation as well as requirements for documenting visitation content. In some reviews, contacts were documented but required content was not. As a result, review results may overestimate actual visitation non-compliance. CPOE Stage 7 measurement tools were modified to differentiate required documentation content and completion of face- to-face contacts to ensure compliance is assessed in both domains.

### Worker Visits with Children in Foster Homes or Group Homes

A review of 1,417 cases during CPOE Stage 6, revealed the following results for substitute care visitation compliance:

Case Type	First Week of Placement Visit	First 4 Weeks of Placement Visit	Monthly Visit in Office or Setting	Visit in the Setting at Least Once in Each Six Month Period
Foster Home/Group Home	80.3%	75.9%	85.1%	96.5%

Further analysis reveals, except for metro counties, all other county size groupings were at or near substantial compliance with requirements for conducting visits with children during the first week of placement. Medium-small and medium size counties achieved better scores for visiting children during the first four weeks of placement.

Most counties, except major-metros, met or nearly achieved substantial compliance for visiting children monthly. Nearly all counties met requirements for visiting children in placement settings at least once in each six month period.

As previously mentioned, some agencies suggested poor compliance ratings were impacted by inadequate caseworker documentation, high caseworker turnover, and newly hired/inexperienced staff.

### **Worker Visits with Children in Children’s Residential Centers**

CPOE 6 reviews documented visitation requirements for children residing in children’s residential centers, however these cases were included in the overall substitute care sample pull so the sample size is somewhat reduced. Results are summarized below:

<b>Case Type</b>	<b>Ten Days after Placement Visit</b>	<b>Bi-Monthly Visit</b>	<b>Visit in the Setting at Least Once in Each Six Month Period</b>
Children’s Residential Center	83.9%	94.1%	99.0%

Of all cases reviewed, the majority of counties met visitation compliance requirements for children in residential care. Counties struggled most in consistently meeting compliance elements for visiting agency contact within ten days after placement. During CPOE exit discussions with PCSAs who did not achieve the 90 percent compliance rating for agency contact within ten days of placement, it was noted distance of the CRC (often out of county) impacted poor results.

### **Worker Visits with Children in Adoptive Placement**

Of all sample populations reviewed for visitation compliance, counties struggled most with documenting visits with children in adoptive placement settings. These results are largely the result of a technical error/misunderstanding related to official changes in placement designations for foster families who choose to adopt foster children. Many counties did not understand a 7 day visit was required from the date the “foster placement” was officially modified to an “adoptive placement status”, especially since the child had not physically moved to a new setting. Additionally, caseworkers are required to make face-to-face contact with children monthly until finalization and two visits in every 6 month period must be made in the adoptive home. Adoptive visitation compliance is summarized below:

<b>Case Type</b>	<b>Seven Days of Adoptive Placement Visit</b>	<b>Monthly Visit</b>
Adoptive Placement (602 Cases)	54.5%	76.2%

No trends based upon county size were noted for the 7 day visit compliance results. As previously mentioned, counties misunderstood the requirement for making the 7 day visit for “foster to adopt” placements. Major Metros, Metros and Large counties achieved lower compliance scores for visiting children monthly than the other (small, medium small, and medium) county size groupings.

Some counties not meeting compliance ratings revealed poor performance was impacted by lack of familiarity with adoption rules (as some counties have relatively few numbers of permanent custody cases) or high caseworker turnover rates.

### **Worker Visits with Parents of Children in Substitute Care**

A review of 1,417 cases during CPOE Stage 6, revealed the following results for substitute care visitation compliance:

Case Type	Monthly Visits	Visits in the Home at Least every 2 Months
Substitute Care	60%	58.8%

It is unclear how much county size impact results. Further analysis of CPOE Stage 6 data revealed that medium small and large size population groupings achieved higher visitation compliance scores than major metros, metros, and small agencies.

### Strengths and Promising Approaches

Effective February 17, 2008, Ohio revised OAC rule 5101:2-42-65 *Caseworker Visits and contacts with Children in Substitute Care* to improve documentation, assessment of content issues impacting safety/permanency/well-being, and frequency of visitation requirements. Additional funding (to increase staff resources, retain staff, improve technology access) is also being allocated to assist counties in meeting visitation requirements for children in substitute care.

The statewide CPOE monitoring process provides regular county specific feedback to agencies on the importance of and progress in meeting visitation compliance requirements. Assistance is also provided to help PCSAs develop successful improvement strategies. Many counties also received technical assistance (related research findings) to reinforce staff awareness of the impact regular visitation has in helping families meet safety, permanency and well-being outcomes. CPOE Stage 7, (which began in March 2008), focuses heavily on agency visitation requirements. Significant technical assistance is provided on-site with every PCSA to ensure agencies understand the importance of making regular face to face contacts, as well as document content related to CFSR outcomes and case plan progress during visits.

Many PCSAs have modified agency QIPs to improve visitation compliance ratings. Strategies include: providing additional staff training, conducting regular internal compliance reviews, hiring additional staff, modifying individual caseworker performance objectives to include visitation compliance, and focusing on efforts to make additional visitation attempts when initial efforts are unsuccessful.

As previously mentioned, Family to Family, as well as significant wraparound service approaches, are currently underway in several major metro counties. These initiatives focus on building family and neighborhood relationships to reduce isolation and encourage regular contact with families. Strengthening community ownership of factors contributing to abuse, neglect, depending supports CFSR outcome goals related to safety, well-being, and permanency. Caseworkers who are primarily assigned to specific geographical areas are more likely to achieve visitation compliance standards.

Additionally, strengths mentioned include the following:

- Training is available through OCWTP and other venues to assist caseworkers in learning how to conduct visits with children, families and substitute caregivers.
- Some counties provide county vehicles to caseworkers to conduct visits, thus reducing financial hardship on caseworkers.
- Upon full SACWIS implementation, “ticklers” will alert caseworkers and supervisors of required visits.
- Some PCSAs (such as Brown County) require more restrictive visitation policies (weekly) depending upon the type of case and needs of the family (e.g., risk level scores, or other combinations of case attributes). These strategies send a clear message to staff of the importance and priority the agency places on making regular contacts with children and families.
- ProtectOhio incorporates structured visitation models as a core transformation component in Ohio’s Title IV-E Waiver program. While many local efforts target “family” visitation supports, these initiatives may also impact the quality of agency parent/child contacts as caseworkers and families improve relationship building skills and communication patterns.

## **Barriers**

Barriers to complying with visitation requirements include:

- Lack of local or “in” county foster homes and/or children’s residential centers;
- Homelessness/mobility of families who frequently move;
- Lack of family cooperation, fear of involvement with government agencies;
- Parental substance abuse/drug addiction;
- Incarcerated parent;
- Poor caseworker documentation of contacts and attempted contacts.
- Parent(s) overwhelmed with trying to meet multiple demands (employment, service involvement, health problems);
- Caseworkers who have poor “engagement” skills and may “tell” parents what to do rather than ask for input and involvement;
- Parents living apart from child(ren) for long periods may lose confidence and motivation to reunify;
- Legal advice and family resentment toward court/agency oversight;
- Parent has moved “out of county” and PCSA requests neighboring county caseworker to conduct regular visitation;
- Belief by some caseworkers that reunification is not in the child’s best interest

**Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.**

**Item 21: Educational needs of the child**

**Policy**

During the course of conducting a child abuse or neglect assessment/investigation, PCSAs examine the physical, intellectual, and social development of the child. This information is recorded and updated on the *Family Risk Assessment Matrix* (OAC 5101:2-34-32) and upon CAPMIS implementation on the JFS 01400 *Family Assessment* (5101:2-37-03). If the PCSA opens a case for in-home voluntary services, protective supervision, or substitute care and there appears to be educational concerns, the PCSA identifies educational services to be provided in the case plan (OAC 5101:2-39-08, 5101:2-39-081, 5101:2-38-01, 5101:2-38-05). Educational services outlined in the case plan are provided in conjunction with local school systems.

During Case Reviews and SARs the agency is responsible for evaluating the effectiveness of educational services provides and identifying any barriers to the provision of educational services.

For children in substitute care, agencies are required to complete the JFS 01443 *Child's Educational and Health Information* (OAC 5101:2-39-08.2, 5101-2-38-08). The JFS 01443 is reviewed and updated at each SAR, any time there is a placement change, and any time there is a change in educational information.

The following information is contained on the JFS 01443:

- Name and address(es) of the child's educational provider(s);
- Child's grade level;
- Disciplinary issues;
- Attendance; and
- Any other pertinent information concerning the child's educational background such as: special education needs/requirements, developmental delays or learning disabilities.

The PCSA is required to provide the parent, guardian, custodian, pre-finalized adoptive parent (if applicable), and the substitute caregiver with a copy of the JFS 01443 at the time the case plan is completed and any time the JFS 01443 is updated. Additionally, when a child ages out of the system, the agency must provide the child with a copy of the JFS 01443.

**Practice**

The Ohio Departments of Mental Retardation and Developmental Disabilities, Education, and Mental Health have initiated several projects to further enhance local efforts to respond to academic challenges faced by children involved in the child welfare system as well as children who have not come to the attention of the child welfare system. These projects are critical to improving educational outcomes for children. Some of these include:

<b>Fetal Alcohol Spectrum Disorder Resources for Educators</b>	Traditional and web-based training opportunities for teachers and school administrators on adaptive strategies to effectively address students' challenges associated with FASD.
<b>Mental Health Network for School Success</b>	Community networks designed to improve academic outcomes for children through the provision of school-based mental health services.

<b>Positive Behavior Supports</b>	School-based prevention activities, early intervention services and student assessments designed to create environments which are conducive to learning.
<b>Supplemental Educational Services</b>	Assistance in reading, language arts, and math provided to students from low-income families.
<b>Shared Agenda</b>	A project designed to improve educational outcomes for children and youth by addressing non-academic barriers to learning.

## Evaluation

Since the conclusion of the last Statewide Assessment, ODJFS monitored PCSAs on completion of the JFS 01443, Education Services. During the CPOE Stage 6 review, PCSAs achieved the following compliance scores:

- 85.5% completed the JFS 01443 for the most recent substitute care placement;
- 80% fully completed the JFS 01443; and
- 81% provided the information to the custodian, parent, guardian and substitute caregivers.

PCSAs not meeting compliance standards developed the following QIP strategies:

- Training staff on requirements for completing the JFS 01443 (high turnover results in lack of staff familiarity with the requirements);
- Developing checklists for completing the JFS 01443;
- Conducting monthly or quarterly reviews of substitute care cases to ensure compliance with JFS 01443 rule requirements;
- Training support staff to assist caseworkers with consistently updating/documenting educational and medical requirements for children;
- Piloting an electronic “epassport” system to ensure older foster youth, schools, medical providers, and caseworkers have updated access to medical/educational records;
- Adding completion of educational/medical information rates to individual caseworker performance objectives.

## Strengths and Promising Approaches

### Provider/Systemic Partnerships and Data Tracking Systems

Preliminary data results (April, 2008) from The Ohio Association of Child Caring Agencies (OACCA) Outcomes Data Project indicates the first year results demonstrate “...half of the cases that fulfilled the criteria for determining education success had a positive outcome.” Education success is measured by regular attendance, placement type, behavioral indicators, academic performance, and achievement scores. Children must meet 3 of the first 5 measures to achieve education success. At this time, results are very preliminary and are being used for baseline purposes only. Additional analysis for more children

over a longer time period are needed to determine how successful programs are in helping foster youth achieve academic success.

While SACWIS implementation is very young in Ohio, standardized data collection and reporting of child welfare educational achievements is critical to accurately understanding and planning for the educational needs of youth. Several local PCSAs have partnered with school districts to measure and track school performance electronically for foster youth. However, these approaches are costly, time consuming, and fraught with confidentiality and legal access concerns. While state and local collaboration between multiple systems (education, child welfare, mental health/substance abuse) are absolutely critical to effectively serve child welfare families, ODJFS' efforts to roll out a statewide automated child welfare system is a step in the right direction for making future improvements.

## **Local Snapshots**

Clinton County has established a collaborative relationship with local schools and jointly funds onsite school social workers to assist teachers in understanding the needs of child welfare families, as well as providing supportive services to children and families. The PCSA reports the program has been extremely successful in helping foster youth achieve academic success and has helped stakeholders understand the importance of maintaining school continuity for foster youth.

Hamilton County Department of Job and Family Services implemented "Kids in School Rule", a collaboration of several Cincinnati organizations (Legal Aid, GAL's, Children's Services, Prosecutors, Cincinnati Public and Hamilton County schools) to implement what is believed to be the first program in the country of its kind focusing on helping foster children stay in school and achieve academic success.

It is also important to acknowledge, some local school districts have partnered with traditional child welfare agencies to fund additional teacher positions, offer educational programming components to partial hospitalization mental health programs, and coordinated transportation for youth in substitute care. These cross system local collaborations make a huge difference in the lives of many child welfare families and care providers. As previously indicated, some PCSAs also provide social work positions as well as training to local school districts.

## **Barriers**

### **Placement Disruptions/Transitions**

Children must often change educational systems when removed from home or placed in alternative placement settings. Such transitions and instability typically compound the stress experienced by these children. These disruptions also frequently impact the access to established therapeutic supports. The resulting unmet emotional needs may compromise the foster child's ability to concentrate on educational objectives, thereby becoming a barrier to academic success.

School transfers may also result in "enrollment delays" as well as difficulties accessing educational services. One study of Ohio foster children noted placement and school transitions were especially difficult for foster children as required records (health, educational, birth certificates) and "school fees" were frequently not readily available (Children Left Behind, Knowledge Works Foundation, 2004).

### **Need for Improved Communication/Collaboration/Increased Understanding**

Feedback from three focus groups with 39 Ohio foster parents in three counties, as well as structured interviews with stakeholders, conducted by The Child Welfare League of America as reported in the 2004 Children Left Behind, Knowledge Works Foundation Study, indicate foster parents and stakeholders "...believe that the majority or problems arise because professionals within the foster care and education systems do not communicate effectively. They report that it is often difficult to track the educational

progress of youth in care and access appropriate educational services...” The same study indicated teachers “...who have children in foster care in the classroom have low expectations for their educational success. In fact, the teachers’ expectations were significantly lower than the children and social workers’ expectations.”

**Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.**

**Item 22: Physical health of the child**

**Policy**

During the course of conducting a child abuse/neglect assessment/investigation, PCSAs examine the physical, intellectual, and social development of the child. This information is recorded and updated on the *Family Risk Assessment Matrix* (OAC 5101:2-34-32) and upon implementation of CAPMIS on the JFS 01400 *Family Assessment* (5101:2-37-03). Agencies must identify services to be provided to meet each child's medical needs in the case plan of all in-home and substitute care cases (OAC 5101:2-39-08, 5101:2-38-01, 5101:2-39-081, 5101:2-38-05, 4101:2-39-10). Health care services outlined in the case plan are provided in conjunction with local service providers.

For children in substitute care, PCSAs and PCPAs are required to complete the JFS 01443 *Child's Educational and Health Information* (OAC 5101:2-39-08.2, 5101-2-38-08). The JFS 01443 is reviewed and updated at each SAR, any time there is a placement change, and any time there is a change in medical information.

The following health care information is contained on the JFS 01443:

- Name(s) and address(es) of the child's health care provider(s)
- Child's known medical problems
- Child's medications
- A record of the child's immunizations
- Any other pertinent information concerning the child's health, such as: any other known allergies, including medication allergies; childhood illnesses; and dates of the last physical, optical, and dental exams.

The PCSA or PCPA is required to provide the parent, guardian, custodian, pre-finalized adoptive parent (if applicable), and the substitute caregiver a copy of the JFS 01443 at the time the case plan is completed and any time the JFS01443 is updated. Additionally, when a child ages out of the system, the agency is to provide the child with a copy of the JFS 01443.

PCSAs, PCPAs, and PNAs are required to coordinate comprehensive health care for each child in care or custody who is placed into substitute care. When coordinating care, the agency shall attempt to arrange health services from the child's existing and previous medical providers, as well as involve the parent, guardian, or custodian in the planning and delivery of health care (OAC 5101:2-42-66, 5101:2-42- 66.1).

No later than five working days after a child's placement date, unless medical care is needed sooner, the agency shall secure a medical screening to prevent possible transmission of common childhood communicable diseases and to identify any symptoms of illness, injury, or maltreatment. No later than sixty days after the child's placement into substitute care, the agency shall coordinate the child's comprehensive care. Agencies are responsible for:

- Securing an annual physical examination no later than thirty days from the anniversary date of the child's last comprehensive physical examination.
- Ensuring that a child age two or under receives required pediatric care as prescribed by a licensed physician according to the schedule recommended by the Academy of Pediatrics.
- Referring a child age three or under, who is the subject of a substantiated case of child abuse or neglect, to the county early intervention program for a developmental screening.

- Assuring a psychological examination for a child adjudicated delinquent is conducted (unless a psychological examination was conducted within twelve months prior to the date the child was placed in substitute care).
- Securing appropriate immunizations.
- Assuring treatment for any diagnosed medical or psychological need is initiated within sixty days of the diagnosis, unless it is required sooner.

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT, known as HealthChek in Ohio) provides prevention and treatment services to children and teens who are Medicaid eligible. Covered services include, but are not limited to: assessments of general health conditions, immunizations, nutritional issues, hearing, vision, and behavioral healthcare needs. EPSDT also covers necessary follow-up treatment identified through HealthChek screenings, and treatment of children with disabilities or chronic care needs.

### Practice

In the last CFSR review, availability and accessibility to health care services (including dental care) for children and families involved in the child welfare system was identified as an area needing improvement. Ohio has established several initiatives designed to better address health care needs. Partners in these initiatives include the Ohio Departments of Health, Federally Qualified Health Centers, ODJFS- Office of Ohio Health Plans, and local service providers. Some of these include:

School-Based Dental Programs	Student education about oral health care; dental sealants; Fluoride Rinse programs.
Dental OPTIONS Program	Free or reduced cost dental care provided by volunteer dentists.
Dentist Loan Repayment Programs	Repayment of loans associated with professional training available to dentists and hygienists who work in under-served areas throughout the state.
Federally Qualified Health Centers	Centers which provide comprehensive health care to under-served populations with fees adjusted to the patient's ability to pay.
Children's Buy-In Program	A state-funded health care program for uninsured children in families with income over 300% fpl.
Medicaid Expansion for Children Aging Out of Care	Categorical eligibility for free Medicaid coverage, up to the age of 22, for children who age out of foster care.

### Evaluation

Health Services provided to the child in substitute care is reflected and updated on the JFS 01443. Since the last statewide assessment, ODJFS monitored PCSAs compliance with this requirement. During CPOE Stage 6, agencies achieved the following compliance scores:

- 76% secured timely medical examinations;
- 84% completed forms required for the most recent substitute care placement;
- 79% fully completed the JFS 01443; and
- 81% provided the JFS 01443 to the custodian, parent, guardian and substitute caregivers.

It should be noted that noncompliance could have been attributed to lack of documentation, even though health services was provided.

PCSAs required to implement QIPs to address health care requirements implemented some of the following strategies:

- Created a system that notifies caseworkers 90 days in advance of medical exam;
- Developed reminder notices for Foster Parents to turn in Medical Forms;
- Developed checklists for completing the Med/Ed form;
- Contracted with private and public providers for quick and “in home” health exams for children;
- Developed local collaborations with Medicaid providers and hospitals to improve and track health needs of foster youth;
- Included documentation of health information for child welfare youth in individual caseworker performance objectives;
- Strengthened contract language in out of home care service provider contracts to improve health service documentation and access;
- Increased frequency of internal quality improvement reviews of health related compliance requirements.

#### **Regional or County Issues**

- The scope of available services varies among the geographical areas of the state. As such, access to care may be compromised where services are limited.
- The lack of available transportation, particularly in the state’s rural areas, may limit access to available care for families who are not Medicaid eligible.

### **Strengths and Promising Approaches**

#### **Executive Medicaid Management Administration**

While ODJFS continues to serve as the single-state Medicaid agency, Governor Strickland established the Executive Medicaid Management Administration (EMMA) in 2007. EMMA has been designed to decrease fragmentation and duplication by coordinating the many Medicaid programs implemented by several of Ohio’s state agencies.

#### **Assuring Better Child Development (ABCD) Screening Academy**

Ohio has been selected by the National Academy for State Health Policy (NASHP) to participate in the Assuring Better Child Development (ABCD) Screening Academy to improve statewide use of structured developmental screening and assessment tools. This projects targets care for Medicaid children ages birth through six years. The Screening Academy, a 15-month initiative (beginning in May 2007) jointly sponsored by NASHP and The Commonwealth Foundation, will provide technical assistance to 18 states, Puerto Rico, and the District of Columbia. This project is designed to improve the delivery of early child development services for low-income children and their families by linking agencies currently working with young children and pilot test changes in various practice settings in Ohio (<http://www.nashp.org/> ) (<http://www.cmwf.org>). Partners in this effort include: Ohio Department of Job and Family Services, Ohio Department of Health, Division of Family and Community Services (Bureau for Children with Medical Handicaps, Bureau of Early Intervention Services), Ohio Department of Mental Health, and the Center for Health Care Quality at Cincinnati Children’s Hospital (University of Cincinnati).

Goals:

- All children from ages birth to six years will have appropriate developmental screening;
- Providers will utilize evidence-based, structured developmental assessment and social-emotional screening tools;
- Families will be aware of and seek developmental screening for their young children;

- Efforts among state agencies, providers, and communities will be aligned and coordinated to better ensure identification of children at risk or delayed, appropriate referral and follow-up care; and
- Policies will support the use of structured developmental screening and assessment for young children.

### **SACWIS “roll out”/Implementation**

While SACWIS implementation is very young in Ohio, standardized data collection and reporting of health services and needs is critical to accurately understanding and planning for child welfare youth. Several local PCSAs have partnered with health districts and hospitals to improve service tracking and access. However, these approaches are costly, time consuming, and fraught with confidentiality and legal access concerns. While state and local collaboration between multiple systems (Children’s Hospitals, child welfare agencies, and mental health/substance abuse boards/providers) are absolutely critical to effectively serve child welfare families, ODJFS’ efforts to roll out a statewide automated child welfare system is a step in the right direction for making future improvements.

### **Barriers**

- Increasing competing demands regarding covered Medicaid services and/or populations.
- Budgetary constraints at both the state and local levels.
- A limited number of Ohio dentists who are willing to be Medicaid providers, resulting in access issues.
- Growing numbers of uninsured Ohioans.
- Unmet transportation needs, particularly in rural areas, may limit access to services for some families who are not eligible for Medicaid.
- Lack of a shared electronic management record system to track medical needs, services, and providers for child welfare youth across systems.
- Confusing and different confidentiality regulations related to services for child welfare, medical, and mental health organizations.
- Professional differences in how caseworkers interpret or understand medical record documentation.
- Lack of case record documentation staff at PCSAs to standardize medical records and access/distribution to all parties.
- Caseworker and service provider turnover.
- Mobility of child welfare families and over reliance on “emergency” medical care rather than consistent family/provider care.

## **Item 23: Mental/Behavioral health of the child.**

### **Policy**

During the course of conducting a child abuse or neglect assessment/investigation, PCSAs examine the physical, intellectual, and social development of the child. This information is recorded and updated on the *Family Risk Assessment Matrix* (OAC 5101:2-34-32) and upon implementation of CAPMIS on the JFS 01400 *Family Assessment* (5101:2-37-03). Agencies identify each child's behavioral health needs and services to be provided to address them on the case plan designed for in-home supportive services and substitute care placement (OAC 5101:2-39-08, 5101:2-38-01, 5101:2-39-081, 5101:2-38-05). The caseworker reviews the status and effectiveness of service provision with the family during scheduled case reviews (conducted every 90 days upon CAPMIS implementation) and SARs.

For children in substitute care, agencies are required to complete the JFS 01443 *Child's Educational and Health Information* (OAC 5101:2-39-08.2, 5101:2-38-08). The JFS 01443 is reviewed and updated at each SAR, any time there is a placement change, and any time there is a change in medical information. The agency is required to provide the parent, guardian, or custodian, pre-finalized adoptive parent (if applicable), and the substitute caregiver with a copy of the JFS 01443 at the time the case plan is completed and any time the JFS 01443 is updated. Additionally, when a child ages out of the system, the agency must provide him/her with a copy of the JFS 01443.

Agencies are required to coordinate comprehensive health care for each child in care or custody who is placed into substitute care, including behavioral health services. When coordinating care, the agency shall attempt to utilize the child's existing and previous providers, as well as involve the parent, guardian, or custodian in the planning and delivery of services (OAC 5101:2-42-66, 5101:2-42-66.1).

In regard to behavioral health, agencies are responsible for:

- Referring a child age three or under to the county early intervention program when a screening or assessment indicates the child has or is at risk for a developmental disability or delay.
- Assuring a psychological examination for a child adjudicated delinquent is conducted, unless a psychological examination was conducted within twelve months prior to the date the child was placed in substitute care.
- Assuring treatment for any diagnosed psychological need is initiated within sixty days of the diagnosis, unless it is required sooner.

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT), known as HealthChek in Ohio provides prevention and treatment services to children and teens who are Medicaid eligible. Covered services include, but are not limited to: assessments of general health conditions, immunizations, nutritional issues, hearing, vision, and behavioral healthcare needs. EPSDT also covers necessary follow-up treatment identified through HealthChek screenings, and treatment of children with disabilities or chronic care needs.

### **Practice**

During the last CFSR review, Ohio was found to be needing improvement in the accessibility to and provision of effective behavioral health services for families involved in the child welfare system. To better address these concerns, Ohio has been working with sister agencies to collectively broaden the continuum of available evidence-based behavioral health care services. Some of these are highlighted below.

#### **Access to Better Care (ABC)**

In the fall of 2003, the Public Children's Services Association of Ohio (PCSAO) established the *Behavioral Health Care Policy and Budget Initiative* (now known as *Access to Better Care-ABC*). This

project was designed to develop collaborative strategies for addressing gaps in mental health and substance abuse programming for Ohio's children and their families. Partners include the Office of the Governor; the Ohio Departments of Mental Health, Alcohol and Drug Addiction Services, Job and Family Services, Youth Services, Mental Retardation and Developmental Disabilities; Education, and Health; the Ohio Children's Trust Fund; Ohio Family and Children First; the Ohio Federation for Children's Mental Health; Ohio Citizens for the Prevention and Treatment of Chemical Dependency; the Ohio Association of County Behavioral Health Authorities; Public Children's Services Association of Ohio; parents; and service providers. ABC continues to be the primary vehicle to address federal Child and Family Services Review findings associated with the child well-being indicators of mental health services and service array.

The goals of ABC are to:

- Improve access to prevention, early intervention and treatment services;
- Promote community-based, family-centered solutions;
- Strengthen and support parent involvement;
- Implement evidence-based programming;
- Increase collaboration and accountability among child serving agencies; and
- Align and redirect resources to cost-effectively increase capacity.

Accomplishments

- ABC has implemented both statewide and pilot projects to better address the needs of children with intense behavioral health problems as well as preventive programming for at-risk families. The following links provide descriptions of these programs and a map of their locations:

<http://www.ohiofcb.org/documents/features/fundingfactsheet032206.pdf>

<http://www.ohiofcb.org/documents/features/ABCmap.pdf>

New state leadership demonstrated continuing confidence in the ABC initiative through increased fiscal commitment to these innovative projects. In SFY08 and SFY09, funds were added to the state budget to establish and certify intensive home-based mental health services, build early childhood treatment capacity, and expand the use of evidence-based behavioral healthcare treatment for youth in the juvenile justice system. These projects are supported by discretionary grants. When fully implemented, these initiatives will impact nearly half of Ohio's counties.

Although ABC is not targeted exclusively toward families involved in the child welfare system, out of home care is primarily funded through the child welfare system in Ohio. Because ABC promotes establishment of community alternatives to child placement, it reduces PCSAs' costs associated with more intensive services through increased local capacity to serve multiple family needs.

### **Family and Systems Teams (FAST)**

The Family and Systems Team (FAST) project was the first ABC initiative to be implemented. FAST provides supportive services to families with children who have been diagnosed with a behavioral health condition and are receiving services from multiple agencies. In addition, FAST increases family participation in service design and delivery via the establishment of a parent advocacy program. Eligibility requirements focus on the provision of services to in-home cases or those who have recently been reunified following placement in substitute care. To date, over 5,000 children and families have benefited from FAST.

Evaluation of FAST demonstrates:

- 74% of the youth enrolled in FAST were at risk of out of home placement had these services not been available.

- Approximately 13% of the youth were at risk of custody relinquishment to PCSAs in order to receive appropriate behavioral health care services.
- Youth, parents and workers reported significant increases in client functioning.
- Parent advocacy groups reported increased empowerment and inclusion in decision-making processes.
- Service providers indicated FAST enhanced services through fund flexibility.

#### 484

484 is a collaborative project between ODJFS and the Ohio Department of Alcohol and Drug Addiction Services (ODADAS) to prioritize substance abuse services for families in the child welfare system. Named for Amended Substitute House Bill 484, Ohio's response to the federal Adoption and Safe Families Act, this law charges the two Departments with joint development of effective treatment services necessary for timely family reunifications. This law was signed on December 17, 1998. It exceeds federal standards by specifying that child abuse or neglect associated with parental substance abuse may be grounds for termination of parental rights. Since SFY99, the Ohio General Assembly has allocated \$4 million annually to ODADAS to support programming targeted to this population.

#### Accomplishments

- County boards have steadily demonstrated improvement in service delivery to the child welfare population. In addition to 484 state level allocations, fiscal analyses indicate local contributions totaling \$1,973,580.00 were also committed to these programs in SFY07.
- Reports indicate a substantial increase in utilization of assessment, case management, counseling, and intensive outpatient services by 484 clients.
- ODADAS and ODJFS continue to offer joint technical assistance to support local H.B. 484 implementation, address barriers to effective service delivery and highlight successful efforts.
- ODADAS and ODJFS have continued to co-sponsor workshops regarding the confidentiality of alcohol and other drug records and child welfare practice.
- ODADAS and ODJFS continue to work in partnership with members of the Methamphetamine Advisory Committee to collectively address problems associated with this drug.
- ODJFS and ODADAS continue to conduct surveys to obtain needed information regarding local capacity. Some of these have included: PCSA perspectives regarding the impact of Methamphetamine on local communities, a multi-systemic survey of FASD needs and related capacity issues, and adolescent treatment gaps analyses.
- The Departments continue to provide training opportunities to local partners regarding issue specific topics to improve symptom recognition and referral. Some of these have included FASD, adolescent substance abuse, drug endangered children, and methamphetamine abuse.

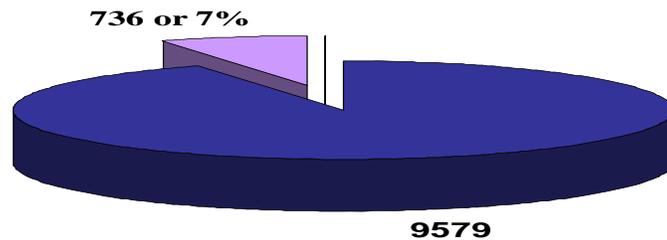
#### **START (Sobriety, Treatment and Recovery Teams)**

Nationally recognized, Ohio's START program operates out of the Cuyahoga County Department of Children and Family Services (CDCFS). Developed in 1997 with support from the Annie E. Casey Foundation, START provides specialized interventions to families referred to the child welfare system who have confirmed chemical dependency problems. Participation in the program is based upon either a mother's positive toxicology screen during the second or third trimester of pregnancy or at the time of delivery, or an infant's positive toxicology at birth. Because assessment services have been expanded, women in the START program no longer wait for treatment. Cuyahoga CDCFS now operates two on-site assessment units (located in both the Eastern and Western parts of the county). At these sites, assessments can be completed on a walk-in basis and the women are offered same day appointments. In addition, partnerships among Cuyahoga CDCFS, the local ADAS Board, and AOD Providers have facilitated immediate access to off-site assessments and treatment for START clients.

The number of Cuyahoga County children referred to START who were born drug exposed rose over 21% in 2007, from 513 to 620. The numbers of children from Cuyahoga County entering placement for the first time as well as the subset of children from the START program are reflected in the chart below:



**Number of Children Entering Out-of-Home Care  
2000-2005**



■ Total Number of Children Entering Placement for 1st Time  
 ■ Subset of Initial Entries that are START Children

The goal of the START program is family reunification whenever possible. Successful completion of the program requires the client complete a substance abuse assessment, demonstrate substantial compliance with treatment recommendations, maintain six months of uninterrupted sobriety, and follow all case plan requirements. Prior to discharge, risks to the child must be reduced to “low” or “no risk” based on the Cuyahoga County risk assessment model, and a family team meeting must be completed to ensure the family is linked to community resources. Evaluation results of START are:

**2002**

**START**

**Other Infants from Drug-Involved Families**

Median Days in Custody	340	Median Days in Custody	519
In Custody at 2 Years	16%	In Custody at 2 Years	37%
Reunified- Relative/Guardian	84%	Reunified- Relative/Guardian	63%

**2004**

**START**

**Other Infants from Drug-Involved Families**

Median Days in Custody	489	Median Days in Custody	512
In Custody at 2 Years	26%	In Custody at 2 Years	30%
Reunified- Relative/Guardian	70%	Reunified- Relative/Guardian	45%
Recidivism	2%	Recidivism	14%

**2005**

<b>START</b>		<b>Non-START Infants</b>	
Median Days in Custody	420	Median Days in Custody	383
Reunified- Relative/Guardian	86 %	Reunified- Relative/Guardian * (* General population)	79%
Recidivism	5%	Recidivism	8%

Accomplishments

- While there have been increased reports of children born drug-exposed to Cuyahoga County Department of Children and Family Services, the agency's custody rates have decreased continuously over the past several years. This has been attributed to improved safety planning, increased use of wrap-around services, and greater access to services which allow women to enter into treatment with their children.
- Cuyahoga County data indicate children involved in the START program who could not be reunified with their parent are more quickly adopted than the other children in the agency's custody who are awaiting permanent alternative placements. In 2005, 23% of START Children were finalized for adoption compared to 13% of non-START infants.
- Between February 1997 and December 31, 2006, 1888 clients received services through the Cuyahoga County START program.

**Ohio's Fetal Alcohol Spectrum Disorders (FASD) State Systems Initiative**

PCSAO has estimated that substance abuse exists in up to 80% of the Ohio families whose children are in foster care and alcohol and/or drug use is a contributing factor to one of every three contacts made to local child welfare agencies. While data regarding the incidence of Fetal Alcohol Spectrum Disorders within Ohio's child welfare system is unknown, its prevalence appears substantial in light of these statistics.

In contrast to approaches that focus on creation of new community-based programs with limited reach, Ohio has established a multi-systemic initiative to comprehensively address FASD by maximizing the resources already available in state agencies, genetics centers, local health departments and professional associations. Project leads are the Ohio Departments of Alcohol and Drug Addiction Services, Health, and Mental Retardation and Developmental Disabilities. Steering Committee partners include the Office of the First Lady; the Ohio Departments of Job and Family Services, Mental Health, Youth Services, Education, Rehabilitation and Corrections, and Aging; Ohio Family and Children First; parents; service providers; The Ohio State University; and Wright State University. With its mission to improve efficiency, the Steering Committee has developed multi-year strategic, implementation and evaluation plans to better address the needs of Ohio citizens impacted by FASD.

The strategic plan goals of the FASD project are to:

- Increase the availability of services for those already affected by FASD and their caregivers;
- Increase awareness about the risks associated with alcohol use during pregnancy;
- Provide training to agencies, organizations and professionals who serve children and families with, or at risk of, FASD;
- Adopt appropriate FASD assessment protocols, and increase access to screening; and
- Implement a data system which tracks FASD risk factors, prevalence, and incidence in Ohio and measures progress toward reaching project goals.

### Accomplishments:

- All participating state agencies have developed department-specific strategic plans for addressing FASD within their system of care, including training of state and county staff, providers, and constituents.
- A statewide Parent Network has been established.
- A website has been established ([www.notasingledrop.org](http://www.notasingledrop.org)) to highlight the State's strategic planning efforts; distribute educational materials; and provide resources to parents, teachers, and clinicians -including diagnostic tools and best practice interventions.
- FASD Generalist Training and topic specific learning modules have been developed for both web and face to face implementation.
- Educational packets have been developed for physicians and women's treatment programs.
- Ohio geneticists and developmental pediatricians were surveyed to determine levels of education, diagnosis, and prevalence of FASD within their practices.
- Improved data collection efforts have been explored in partnership with genetic centers, hospitals, and state agencies.

### **Early Childhood Mental Health**

Ohio implemented the Early Childhood Mental Health Consultation (ECMHC) Program to increase the knowledge, awareness, resources and skills necessary for communities to effectively meet the behavioral health needs of young children and their families. Building protective factors in young children, increasing the skills of parents, and developing competencies of early childhood providers are the program's objectives. ECMHC focuses on improving outcomes for children from birth to six years old who: are at risk for abuse/ neglect, and/or demonstrate poor social skills, or delayed emotional development.

ECMHC services and activities include:

- Clinical consultation to early childhood programs;
- Training on problem identification, referral processes, classroom management strategies, the impact of maternal depression, and implications of parental substance abuse, domestic violence, and other stressors on young children's well being; and
- Guidance to parents, other family members (e.g., grandparents, kinship caregivers, foster parents) to enhance their abilities to create nurturing environments for their young children.

### Accomplishments:

- There are currently 166 early childhood mental health consultants throughout the state of Ohio; at least one specialist is located in each of the board areas ensuring statewide access to these services.
- 929 children were referred for further mental health intervention and other services as a result of consultation.
- Approximately 90% of the children who were at risk of removal from a childcare setting were maintained without disruption as a result of ECMHC services.
- Overall satisfaction rate of all training sessions was nearly 98%.
- Ohio's Early Childhood Mental Health progress has been nationally recognized by: the National Technical Assistance Center for Children's Mental Health, the Center for Child Health and Mental Health Policy at Georgetown University Child Development Center, and the Zero to Three Association for Early Childhood Programs.

### **Evaluation**

Mental/Behavioral Health Services provided to the child is reflected and updated on the JFS 01443. Since the last statewide assessment, many of the counties implemented Quality Improvement Plans to better address health care requirements. Some of these included:

- Creating a system that notifies 90 days in advance of medical exam;
- Developing reminder notices for Foster Parents to turn in Med. Forms; and
- Developing checklists for completing the Med/Ed form;
- Developing local partnerships and collaborations to improve access and quality of mental health services for child welfare families;
- Pooling local levy funds from multiple systems (mental health boards, child welfare agencies) to implement pilot managed care and direct service (family functional therapy, community based/in home treatment, wraparound) service approaches;
- Piloting “mental health” court collaboratives;
- Implementing Level of Care Protocols to assess placement, as well as therapeutic support/mental health service needs;
- Implementing internal monitoring mechanisms within PCSAs to monitor and assess the quality, delivery, access and cost of mental health services for child welfare families;
- Developing shared child welfare performance goals within contract requirements for service providers.

Compliance with the requirements of completion and updating of the JFS 01443 is determined during CPOE reviews. During the CPOE Stage 6 review, the rates of agency compliance were:

- 76% secured timely medical examinations;
- 84% completed forms required for the most recent substitute care placement;
- 79 % fully completed the JFS 01443; and
- 81% provided the JFS 01443 to the custodian, parent, guardian and substitute caregivers.

It is also important to note, CPOE 6 reviews included specific case reviews for cases not meeting CFJR outcomes. The process included a qualitative review of the services provided to families to meet case plan goals and related safety, well-being, and permanency outcomes. Discussions with PCSAs and CPOE 6 reports often summarized community mental health service strengths and needs.

#### **Resource and Funding Issues**

Each county in Ohio is served by a local Community Mental Health Services (CMHS) Board, an Alcohol and Drug Addiction Services (ADAS) Board, or an Alcohol, Drug Addiction, and Mental Health Services (ADAMHS) Board. Some counties are served by multi-county boards; others are not. Some boards receive levy funds in addition to state level support. As such, significant variation exists across the state in regard to scope of services provided and accessibility to behavioral health care. While basic mental health and substance abuse services are provided in each board area, most counties are not able to maintain a full spectrum of care (e.g., detoxification, residential, outpatient, inpatient treatment, prevention programming). Consequently, the PCSA has to make travel arrangements over significant distances in some cases in order to obtain needed services. The lack of available local services at times may limit family members’ participation in therapy. Consequently, this may negatively impact the effectiveness of the treatment received.

#### **Regional or County Issues**

- Disparate local funding (as described in the paragraph above).
- Transportation issues, particularly in rural counties.
- Service provider turnover rates.

### **Strengths and Promising Approaches**

#### **Childhood Trauma Initiative**

The Ohio Department of Mental Health has convened the Childhood Trauma Task Force, bringing together state and local representatives of Ohio’s child-serving systems, trauma survivors/consumers,

and family members. The Task Force is charged with development of a strategic plan toward promotion of trauma-informed care throughout the state.

The strategic plan goals of the Task Force are to:

- Increase understanding and awareness of the broad range of impacts of childhood trauma on individuals, families and communities.
- Have all child-serving systems use trauma-focused screening and assessment tools to better identify the need for informed interventions.
- Increase consistency of responses to those who have experienced trauma.
- Use multi-systemic data to improve service delivery and resource allocation.

### **Statewide Adolescent Coordination Project (SAC)**

The Ohio Department of Alcohol and Drug Addiction Services (ODADAS) has implemented a federal grant from the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment to build capacity for the provision of effective, accessible, affordable, and culturally-competent substance abuse treatment for youth and their families.

The project goals are to:

- Establish a single point of coordination for adolescent substance abuse service.
- Improve the continuum of care.
- Increase coordination of funding and reduce fiscal and regulatory barriers to system improvement;
- Provide training in evidence-based practices; and
- Strengthen program and professional licensure standards for adolescent services.

### **Barriers**

#### Funding

The "taxing authority" for each ADAMH/CMH/ADAS Board is permitted to levy taxes annually, subject to some limitations, on the real and personal property within the subdivision for the purposes of paying the Board's operating expenses, acquiring or constructing of permanent improvements by the Board, or to supplement the general fund to support human, health, or social services. House Bill 66, the state budget bill for fiscal years 06-07, was signed into law on June 30, 2005. This legislation made a number of significant changes to Ohio's tax code which impact behavioral health care funding. These changes include:

- An income tax cut;
- A 5-year phase-out of tangible personal property (TPP) and corporation franchise taxes;
- The elimination of a 10% tax rollback on real property classified as commercial; and
- The introduction of a new commercial activity tax.

The TPP is a revenue source that has been collected and used at the local level to support a host of local governmental services (e.g., schools, emergency responses, child protective services, mental retardation and developmental disabilities and behavioral health care). With this change, the state introduced the Commercial Activity Tax based on the net gross receipts of business activity conducted within the state of Ohio. In an effort to assist communities for shortfalls associated with this change, the state included compensation for local entities which had a levy in place prior to September 1, 2005. The compensation formula is based on total TPP losses (based on 2004 rates) through 2010. In 2011, the State will gradually reduce the compensation amount. No replacement mechanism has been identified to address these losses beyond 2018. The impact on the local behavioral health care system varies geographically; the statewide average is 9.33%. The lost revenue for local Alcohol, Drug Addiction, and Mental Health

Services Boards is estimated to be \$25.7 million per year. *The Ohio Association of County Behavioral Health Authorities*

While the majority of Board areas maintain levy support, the demand for behavioral health care in Ohio continues to rise. (Visit <http://oacbha.org/includes/downloads/levymap2007.pdf> to view a map of Ohio's behavioral health care levies.) General Revenue and local funds are consequently being increasingly used to meet federal match requirements. As a result, availability of local programming has become more limited in certain areas of the State, especially in regard to non-Medicaid services, or services rendered to non-Medicaid populations. Transportation issues, particularly in rural areas, pose additional barriers to client and family member participation in treatment. Subsequently, treatment effectiveness may be compromised. Some communities have attempted to address these issues via triage processing, prioritization of communities deemed to be most in need of services, provision of in-home services where feasible, and nontraditional hours of operation by providers. In addition, state and local efforts to braid funding streams have lessened burdens of individual agencies to provide intensive services to multi-need families.

### Family Engagement and Case-Specific Issues

Families involved with the child welfare system often face multiple and complex problems. Some of these include: poverty, mental illness, young parenthood, substance abuse, and the inter-generational cycles of abuse and neglect. These factors often present on-going challenges for establishing and maintaining positive client engagement in treatment.

### Additional Challenges

"Promoting Social and Emotional Competence Training Modules" developed by The Center on the Social and Emotional Foundations for Early Learning (CSEFEL), have identified the following critical challenges to providing effective services to young children in early care and education settings as:

- Lack of knowledge of evidence-based practices;
- Unfounded beliefs and attitudes about children, behavior, and families; and
- Lack of collaboration within programs, with families, and within the community.

### OHIO Youth Advisory Feedback

Feedback from the OHIO Youth Advisory Board of former foster youth revealed a need for additional in-home mental health services in most communities. Former foster youth also identified high turnover rate among mental health service providers as a barrier for achieving reunification and stability/permanency.

## **Section IV- Systemic Factors**

### **A. Statewide Information System**

#### **Item 24: Statewide Information System.**

Ohio is operating a statewide information system that, at a minimum, can readily identify the status, demographic characteristic, location and goals for placement of every child who is (or within the immediately preceding 12 months has been) in foster care.

As mentioned earlier, Ohio is currently implementing a new child welfare statewide computer system, SACWIS. As with its predecessor, the Family and Children Services Information System (FACSIS), established in 1986, this new system has the ability to identify the status, demographic characteristics, location, and goals for placement of every child who is currently or has previously been in substitute care.

Pilot operation of SACWIS began on August 7, 2006, with implementation in one medium-sized county. After nearly six months of activity, on January 29, 2007, the system was installed in two additional counties, and the rollout has continued with additional implementation continuing on a regular basis.

Because Ohio is in the unique position of participating in the CFSR Statewide Assessment during implementation of the new statewide information system, a history of the state's child welfare system development follows, along with relevant policy information.

### **History**

#### **FACSIS**

As amended in 2007, FACSIS is mandated by OAC Section 5101:2-33-05 to apply to all public children services agencies (PCSAs), private child placing agencies (PCPAs), and private noncustodial agencies (PNAs) in which SACWIS has not been fully implemented, and to handle the processing of all child welfare subsidies. The rule requires these organizations to use FACSIS to report applicable children services information and any other information deemed necessary by the ODJFS director or required by federal or state rule or statute. In addition, they must report applicable independent living services for young adults, and PCSAs must maintain current data for the Ohio Adoption Photo Listing (OAPL) and foster home licensing.

Information maintained by FACSIS includes client, family, incident, and resource registration data (primarily demographics), and event or activity data. FACSIS maintains a history of abuse and neglect, placement, custody, court hearing, and licensing data. It provides management information, compliance data, case-tracking services, and data to support program evaluation, assessment, family foster home licensing, and a Title IV-E-based payment system. The system also allows tracking of risk assessment completion, compliance with federal and state tracking needs, compliance with requirements of the federal Adoption and Foster Care Analysis and Reporting System (AFCARS), monitoring compliance with the Adoption and Safe Families Act, and other state legislative changes.

The FACSIS system does not provide automated decision-making support. Although case events are entered into the system, case information is not integrated or organized throughout the life of a case. In addition, data entered into the system are not easily accessible for reporting and analysis. FACSIS was designed for information capture, to meet federal and state requirements, rather than for information retrieval. Statewide information--such as directories of people, foster homes, adoptive homes, and children in need of foster and adoptive placement--is not readily available for county use.

FACSIS does produce, upon special request, the results of a statewide client matching process. The resulting report indicates the likelihood that an individual may be known to another county in the state, but

it requires any additional information to be obtained from the other county. This procedure is not conducive to readily obtaining useful historical information. It has little practical benefit for managers and caseworkers in making case plan decisions.

Although metropolitan counties, through their in-house data systems, typically had the means to provide sufficient data for their own internal operating needs, MicroFACSIS was not designed to provide analysis and reporting at the county level. HostFACSIS data were accessible for these purposes only at the state level, and required state staff with a specific skill set and system knowledge to write programs to extract data and produce reports.

FAPT was designed to guide the caseworker through the creation of family risk assessments, case plans, and SARs using common casework logic. The work flow was designed to ease the cumbersome task of manually completing these documents by collecting key demographic and relationship information one time, then carrying this information forward throughout the application. This tool resulted in a reduction of paperwork, the integration of case information, the automation of several intricate forms, the coordinated recording of historical case information, and increased access to case-specific data. FAPT was designed as a stand-alone application that neither replaced nor interfaced with FACSIS. As a result, it required a minimal amount of duplicate entry since it was designed as a caseworker tool rather than simply an event-capturing system.

## SIS

The SACWIS Interim Solution (SIS) was designed as a bridge between the legacy MicroFACSIS software and the future Statewide Automated Child Welfare Information System. It was implemented beginning in June 2003 and replaced both MicroFACSIS and FAPT. It combined the complete functionality and scope of data captured in MicroFACSIS with the Windows-based FAPT desktop tool designed specifically for child welfare caseworkers.

In addition to offering the core functionality of casework assessment and planning found in FAPT, SIS provides the portal to enter required FACSIS event information. The information maintained by SIS includes client, family, incident, resources (primarily demographics), and event/activity data. SIS maintains a history of abuse and neglect, placement, custody, court hearings, and licensing data. Like FAPT, SIS guides the caseworker through the creation of family risk assessments, case plans, and SARs, using common casework logic.

After SIS became available, Ohio's six metropolitan counties continued using their own locally developed systems, with the continuation of nightly batch-data uploads to HostFACSIS. The HostFACSIS database remained as the data repository for their federal and state reporting, as well as for benefit issuance processing. However, 82 of Ohio's 88 counties began using the SIS technology, operating with a Windows User Interface and an Oracle database.

SIS is deployed to users over the department's wide area network (WAN), with six security profiles offered at the county level to permit a variety of browse and update combinations. Three additional security profiles are offered to state technical assistance staff. Each county shares in the security access responsibility through a named county system administrator. While all data are maintained in the statewide database, counties are not able to use SIS to search or access data from other counties.

The application allows the ability to navigate from either a tree view or a tab approach; linkage from the general "Person," "Family," "Incident," and "Resource" modules to other data-containing modules; the ability to add/save/edit/cut/paste information in all text fields; system edits for required fields; and online help, including release notes and a web link to the *Family, Children, and Adult Services Manual* and other related documents. The SIS application has "Person," "Family," "Risk Assessment," "Case Plan," "Incident," "Resource," "Events," "Reports," and "Worker" modules.

## SACWIS

As SACWIS implementation continues throughout Ohio, both state and county staff will be better equipped to perform data gathering and analysis to supplement direct and administrative decision making. This system was adopted under OAC 5101:2-33-70, effective January 29, 2007, a date consistent with the completion of pilot operation and the beginning of the SACWIS rollout. The rule was developed as a result of Amended Substitute Senate Bill 238 of the 126<sup>th</sup> Ohio General Assembly. The bill requires ODJFS to establish and maintain a uniform statewide automated child welfare information system in accordance with federal law. The bill also requires that ODJFS implement SACWIS on a county-by-county basis, with full implementation completed by January 1, 2008. SACWIS "roll out" has been challenging on many levels, and full implementation was unable to be completed in January, 2008. At the current time, however, because of application performance and functionality issues arising upon the rollout of the 63<sup>rd</sup> through 68<sup>th</sup> counties (Wave 17) on September 24, 2007, it appears that full statewide implementation will most likely occur in the later part of Calendar Year 2008.

The information contained in SACWIS is confidential, and the system provides guidelines for how to access information, as well as a prohibition against disclosing information. Whoever violates the provisions regarding proper access, use, or disclosure is guilty of a fourth-degree misdemeanor. ODJFS is permitted to adopt any rules necessary to carry out the statutory provisions for SACWIS.

## SACWIS – PCSA Responsibilities

As defined by OAC 5101:2-33-70, all PCSAs must enter information directly into SACWIS. Children services data to be entered includes, but is not limited to, the following:

- (1) Person/family demographics and profile information;
- (2) Intake and assessment/investigation data, including assessment tools;
- (3) Case status information;
- (4) Case plan, services, case review(s), and court activity information;
- (5) Custody and placement information;
- (6) Adoption information, including recruitment activities, pre-adoptive staffing, or matching conference information;
- (7) Provider records, including home studies, recruitment plans, and events;
- (8) Children services-related agency administrative and training activities;
- (9) Financial eligibility and redeterminations, record reimbursement information, and financial information to support accounts payable to counties and providers;
- (10) Exchange data with Support Enforcement Tracking System (SETS), Medicaid Management Information System (MMIS), and Client Registry Information System-Enhanced (CRIS-E) to determine eligibility--and with the Central Accounting System (CAS) [now the Ohio Administrative Knowledge System (OAKS)]and Auditor of State (AOS) to disburse payments;
- (11) Data as required by Section 479 of the Social Security Act (42 USC 679); 45 CFR parts 1355, 1356, and 1357 for the Adoption and Foster Care Analysis and Reporting System (AFCARS); National Child Abuse, Neglect, Dependency System (NCANDS); Child and Family Services Reviews (CFSRs); Child Protection and Oversight Evaluation (CPOE) system; and the Multiethnic Placement Act of 1994 (MEPA), as amended by Section 1808 of the Small Business Job Protection Act of 1996, 42 USC 622(b)(9), 671(a)(18), 674(d) and 1996(b); and
- (12) Any other data identified by the department as necessary to reflect current case, person, placement, resource, or licensing information, as well as financial information or agency status.

PCSA's must enter and update information in SACWIS each workday or as information becomes available. Access to and use of this data is limited to the extent necessary to carry out the child welfare program under the following federal rules: Title IV-B of the Social Security Act, 81 Stat. 821 (1967), 42 United States Code (USC) 620, as amended, and the Child Abuse Prevention and Treatment Act, 88 Stat. 4 (1974), 42 USC 5101, as amended, and Title IV-E of the Social Security Act, 94 Stat. 501, 42 USC 670 (1980), as amended, and Title XX of the Social Security Act, 88 Stat. 2337 (1974), 42 USC 1397, as amended. If a PCSA fails to enter required information, ODJFS may issue sanctions in accordance with

Section 5101.24 of the Ohio Revised Code, which may result in the withholding of state and/or federal funding.

### SACWIS – Private Agency Responsibilities

ODJFS has proposed a new rule OAC 5101:2-33-71, which addresses the use of SACWIS by PCPAs and PNAs. This rule was developed as a result of Senate Bill 238 of the 126th General Assembly, which grants ODJFS rulemaking authority to establish the parameters on PCPA and PNA access, and use of information in SACWIS.

The information contained in SACWIS is confidential, and the system provides guidelines for how to access the information, as well as a prohibition against disclosing information. Whoever violates the provisions regarding proper access, use, or disclosure is guilty of a fourth-degree misdemeanor.

## **Description of Ohio’s SACWIS System**

### System Requirements

The Ohio SACWIS system requirements were categorized into two subsets: functional (to be built into the software application to satisfy business functions) and nonfunctional (requirements related to usability, reliability, performance, and supportability) . Traceability for all requirements is managed with Rational RequisitePro and documented in the requirements traceability matrix (RTM), which is stored in ProcessMax. The project team used a rapid requirements definition (RRD) process to analyze and confirm requirements with project stakeholders.

The system requirement specification (SRS) documents the results of the requirements analysis for the project and is a composite of other documents that define the application’s implementation-neutral requirements. These documents include approved use case specifications created during the RRD sessions, the supplementary specification for nonfunctional requirements, and the business rules report.

### **Practice**

As a result of the developmental approach used in creating Ohio’s SACWIS system, casework practice parallels state policy. Since its inception, the SACWIS Integrated Project Team (IPT), has included members from the ODJFS Office for Children and Families (OCF) and the ODJFS Office of Management Information Services (MIS), along with county subject matter experts (SMEs) and contractors from Dynamics Research Corporation and Compuware.

A Partnership Forum--a collaborative assembly of leaders from the state, counties, and other involved organizations—has also been involved in the SACWIS development. This group supports and encourages the implementation of SACWIS and assists counties in transitioning to it. In addition, executive support for SACWIS exists at all levels of ODJFS, including the director’s office, MIS, and OCF.

In order to ensure that all state and county SACWIS users are trained in an adequate and timely fashion, ODJFS performed “just-in-time training” prior to application rollout for each county. The training includes the following:

- Classroom training;
- Web-based training (WBT);
- Performance support tools integrated with the application, user manuals, and job aids;
- Online help and online access to policies and procedures; and
- Training designed to be just-in-time/just-enough, beginning 30 days before rollout.

After initial training, the training database is available for practice and for refreshing skills.

Through all of these efforts, Ohio has taken steps that will lead to the consistent practice of child welfare throughout the state, in accordance with state policy and state and federal statute.

### **System Benefits**

The benefits of the SACWIS system include:

- Improved evaluation of service needs and service provision;
- Improved case planning and management;
- Access to case and client information for intake, investigations, and child-protective services throughout the state;
- Improved matching of services to client needs;
- Historical and predictive trend analysis;
- Improved tracking and control of cases;
- More timely access to accurate, reliable data;
- Support of decision making and case planning at the caseworker, county, and state level;
- Redirection of administrative and clerical staff from data entry to improved services to clients;
- Improved eligibility tracking;
- Enhanced management oversight;
- Improved morale and job satisfaction;
- Reduced paperwork burden for caseworkers;
- Improved management and supervision;
- Improved management reporting;
- Reduction of information system development and maintenance;
- Reduction in cost for counties to develop and maintain their own separate information systems; and
- Quicker service and less bureaucracy for clients.

As detailed in the Ohio SACWIS System Requirements Document (SRD), SACWIS contains many features to support services supervised by ODJFS and delivered by PCSAs. The operational priorities for the new system are that it does the following:

- 1) Is available and usable for field workers;
- 2) Is simple to understand and navigate;
- 3) Provides access 24 hours a day, 7 days a week;
- 4) Provides for all the functionality in SIS/FACIS;
- 5) Covers the critical data collected by field and staff workers;
- 6) Provides for better supervision of the counties by ODJFS; and
- 7) Meets mandatory and state-selected optional SACWIS requirements.

SACWIS supports the following eight major functional areas:

- |                      |                             |
|----------------------|-----------------------------|
| 1) Intake Management | 5) Eligibility (Title IV-E) |
| 2) Case Management   | 6) Resource Management      |
| 3) Court Processing  | 7) Financial Management     |
| 4) Administration    | 8) System Interfaces        |

Functional highlights include:

- 1) Statewide client search capabilities;
- 2) Statewide access to service provider information;
- 3) An intake module that captures referral details;
- 4) Automated support for matching services to needs;
- 5) Support for eligibility determination;
- 6) Online support for preparation of risk assessment and case plan documents, including the automatic population of information from one document to another;

- 7) Automated statewide adoption match with online query of match results;
- 8) Online access to court hearing information;
- 9) Online access to facility, program, and foster care minimum/maximum rates;
- 10) Online foster care licensing;
- 11) An alerts function that works as an electronic reminder to help caseworkers/managers track important dates and prioritize activities;
- 12) Tracking and managing of financial transactions;
- 13) Generation of federal and state reports; and
- 14) Electronic interfaces to the Medicaid, child support, and benefits issuance systems.

#### Application Status

As of April 7, 2008 SACWIS has been implemented in 78 of Ohio's 88 counties, or through Wave 22 of the most recent Rollout Schedule. Implementation for remaining counties is anticipated in the near future.

#### Reporting Status

The large majority of the more than 170 reports, forms, and notices existing within Ohio's SACWIS application are fully operational. Those not universally implemented include items pertaining to the application's financial functionality. In particular, SACWIS Foster Care Maintenance and Adoption Assistance reimbursement capability have been implemented in only a minority of counties, while Medicaid reimbursement is operational in slightly more than half. For those SACWIS counties temporarily without these capabilities, existing FACSIS financial processing remains in effect, a situation requiring dual system entry of applicable data.

Additional reports run independently of the SACWIS application. Ten management and administrative reports were made available to all counties in late 2007. These reports, developed with county and state input, are written in Cognos and offer flexibility in extracting and formatting county and statewide data. In addition, seven other Cognos-based reports, originally written for use with FACSIS, have been modified to extract data from both FACSIS and SACWIS. These reports, made available concurrently with the ten new SACWIS reports, allow for enhanced reporting throughout the rollout period.

## **B. Case Review System**

### **Item 25: Written Case Plan.**

Ohio provides a process that ensures that each child has a written case plan, to be developed jointly with the child, when appropriate, and the child's parent(s), that included the required provisions.

### **Policy**

ORC § 2151.41.2 requires PCSAs and PCPAs to prepare and maintain a case plan for any child and family who are receiving services from the agency. The only exception to this requirement is when a private child placing agency (PCPA) is providing services to a child who is subject to a voluntary permanent agreement and the child is less than six months of age.

### **In-Home Voluntary Cases**

When PCSAs are providing in-home supportive services without a court order, a case plan is developed when: the case resolution indicates the need for services and the parent, guardian, or custodian has agreed upon the provision of supportive services; or the parent, guardian, or custodian has agreed upon the provision of supportive services. The case plan must be completed no later than sixty days after the case resolution indicates the need for services and when the parent, guardian, or custodian has requested services. The child's parent, guardian, or custodian and child, if age appropriate, are provided with the opportunity to participate in the joint development, implementation and review of the case plan. There has to be agreement on the contents of the case plan and signatures obtained on the case plan prior to implementation. All parties receive a copy of the case plan. The case plan is to be amended when there are changes in the conditions of the child and his parent, guardian, or custodian which are affecting the provision of supportive services, the review of the risk assessment has resulted in a change in risk to the child or the child is placed in out-of-home care. The PCSA may implement the amendment once the parent has agreed to the change and attempt to obtain signatures of the parent for amendments. When there is no longer agreement to the provisions contained in the case plan the agency either discontinues services or if the child is an abused, neglected, or dependent child, or is threatened to become an abused, neglected, or dependent requests court intervention. (ORC 5101:2-39-08, 5101:2-38-01)

Case plan goals and objectives are reviewed monthly with the family during worker visits and formal review occurs at the SAR. Upon implementation of CAPMIS, agencies are responsible for conducting case reviews every 90 days. The purpose of the Case Review is to ensure that continued efforts are being made to: assess child safety; evaluate the effectiveness of supportive services offered and provided to the child, his parent, or pre-finalized adoptive parent; identify barriers to the provision of services; and prevent placement, whenever possible, of the child in out-of-home care. At the time of case closure the agency notifies the child's parents.

### **Court Involved Cases**

Cases that come to the attention of the court require PCSAs and PCPAs to develop case plans under the following circumstances:

- The child and his parent, guardian, or custodian, or if applicable, pre-finalized adoptive parent does not attend a detention or shelter care hearing and the complaint alleged that a child was abused, neglected, or dependent.
- A complaint is filed by the PCSA alleging that the child is an abused, neglected or dependent child.
- The PCSA/PCPA has court ordered temporary or permanent custody of the child.
- The court ordered the PCSA to provide protective supervision for a child living in his own home.
- The court orders the PCSA to place the child in a planned permanent living arrangement.

Under the above mentioned circumstances, the case plan shall be filed with the court either 30 days after the adjudicatory hearing on the complaint or the date of the dispositional hearing on the complaint, whichever occurs first ( ORC § 2151.41.2, 5101:2-39-08.1, 5101:2-38-05). The case plan is based on the

assessment of risk to the child and any other information obtained. Once the court has journalized the case plan all parties are bound by the conditions of the case plan.

The following parties are responsible for working with the agency in developing, implementing and reviewing the case plan: child's parent, guardian, or custodian; the child's prefinalized adoptive parent, if applicable; the child's guardian ad litem and/or court appointed attorney, if one has been appointed; the child, if age appropriate; and the Indian tribe and extended relatives as defined by the child's tribe, if applicable. The substitute caregiver is also provided with an opportunity to develop, implement, and review the case plan.

The agency or any other party may request a change to the case plan by filing a proposed change with the court. Case plans are reviewed during monthly visits with the family and formal reviews occur during the semiannual administrative review. As PCSAs are implementing CAPMIS case plans will be reviewed during the case review which is to occur every 90 days.

## **Practice**

PCSAs jointly attempt to collaborate with the child's parent and child (if age appropriate) so that each case plan is unique to the individual family based on their needs. This occurs through both written and verbal communication with the parent and child to extend an invitation to attend meetings to discuss the development to the case plan, identify the families' strengths and weaknesses, and the services that are available to address these areas. This collaborative effort engages both the parent and child in the case planning process. This is a philosophy that a family-centered approach to engaging the family increases the families' readiness and ability to change.

Through the CPOE process, case record reviews have documented disparity amongst the PCSAs in the level of collaboration and attempts to collaborate with the family in the case planning process. This disparity occurred between cases in which the family was receiving in-home or court ordered supportive services. The previous CFSR identified the case plan document did not adequately reflect the activity or level of attempts a PCSA may make in engaging the family in the case planning process. Additionally, the six month time period to review services identified in the case plan for a family was been identified as a barrier.

A collaboration of state staff and PCSAs tackled the issues with the case plan document in an effort to encourage caseworkers to engage the family in the case planning process and to have a document easier for the families to comprehend and ultimately, adhere to.

The CAPMIS pilot counties also identified the Case Review as an opportunity to assist the caseworker in engaging the family in the case planning process. Since more frequent reviews of the progress or lack of progress occurs, caseworkers are more likely to recognize in a shorter time frame the progress the family has made. Furthermore, if the progress is not being made, the caseworker and supervisor are given an opportunity to analyze the barriers towards progress. The barriers may include the unavailability of needed services, the inappropriateness of the provided services, or communication issues between the PCSA and the family. If these issues are examined sooner and more frequently, child safety, permanency and well-being are enhanced. Two of the four CAPMIS pilot counties chose to share and discuss the Case Review directly with the family. This activity demonstrates an increased level of engagement of the family in the case planning process.

## **Changes in Practice**

Many changes have occurred within the State since the last CFSR PIP. CAPMIS is replacing the *Family Decision Making Model*, which has been implemented in Ohio since January 1998 to assess families that come to the attention of Ohio's child welfare system. CAPMIS is a structured assessment and decision-support model consisting of a series of nine tools utilized at crucial points of a case within the child welfare system. It assists workers in making accurate and effective decisions at key decision-making points throughout the life of a case, promoting child safety, permanence, and well-being. CAPMIS provides a comprehensive assessment of safety and risk. CAPMIS contains the first formal safety assessment protocol which will impact child safety in Ohio. The development and implementation of

CAPMIS was designed to better serve Ohio's children and families while impacting positively on the outcome measures.

OAC rules were developed in order to support the application of CAPMIS. OAC rule enhancements addressed the frequency of worker and parent visits, requirements of where they must meet, and what the meeting will address. A rule is currently under development to address caseworker visits and contacts with children in substitute care. The development of policy to address this area through new performance standards related to the visitation of children in substitute care provides improved direction for caseworkers. These policies are designed to promote child safety and well-being while the child is in substitute care.

Additionally, State and county PCSA staff collaborated in a workgroup from July 2004 until January 2005 to develop an outcome based home visit tool. This tool, known as "Task List," will be used by workers during home visits with the family while in the field. Use of the "Task List" will enable workers to break down broad case plan objectives into smaller, more easily managed activities; serve as a means to document tasks that are to be completed (by the family or the worker) between home visits; and help track progress towards meeting the case plan objectives. This "Task List" was incorporated into the Child Protection Services Worker Manual which was distributed to PCSA caseworkers and supervisors during CAPMIS readiness training. The manual is also available on the eManuals website. Through the workgroup, revisions to the case plan were made to attempt to make it more family-friendly.

### **Methods and Supports for Engaging both Parents and Children in Case Planning**

As a result of Ohio being a state supervised, county administered system, casework practice and resources differ from county to county. Many PCSAs have embraced the family team decision making philosophy and invite families to participate in case planning meetings where the caseworker and the family, meet to discuss the case plan goals and activities. Many times these meetings also include the family's support system. Other PCSAs have a more informal approach to engaging families in the case planning process.

Nonetheless, OAC rules provide guidance to PCSAs that the parent and children must be given the opportunity to participate in the development of the case plan, to sign the case plan indicating their agreement, and to review the case plan. Rule does not dictate the manner in which this is accomplished nor does it differentiate how the caseworker engages with parents who are receiving in-home services versus substitute care. If a child is in substitute care, the caseworker must also engage the substitute caregiver in case planning. The case planning process is unique for each county.

Although the only review of case plan services the PCSA must invite the family to attend is the SAR, many PCSAs invite families to review the case plan on a more frequent basis. The *Case Review* Tool has been developed to review a family's case plan services, safety, and risk. Although rule does not specify that this must be done with the family, many PCSAs are discussing the Case Review with the family, either formally, through a meeting, or informally, during home visits with the family. As stated previously, the family, as well as others who are pertinent to the case (e.g., foster parents, service providers) is invited to the SAR. The SAR is held every six months. The parents have the opportunity to sign the SAR and are required to receive a copy of the document.

The caseworker is expected to review the case plan during each face-to-face contact with the family. Caseworkers are required to have face-to-face contact with the parent and child being serviced through the case plan at least monthly. One contact every two months must be made in the child's home. The purpose of the face-to-face contact is to monitor progress on case plan objectives.

Many agencies have developed internal policies regarding locating and engaging absent parents in the case planning process. At this time, OAC rule does not specifically mandate that absent parents be located and engaged in the case planning process.

### **Evaluation**

The Quality Assurance System for determination of PCSA compliance with ORC and OAC requirements governing case planning is the CPOE Review (Refer to Item # 31 for a detailed description of CPOE). In

addition, for cases which are brought before the court, there is extensive on on-going review of the case plan prior to journalizing the plan. Some courts have requested agencies to make changes to the case plan prior to journalizing the plan.

### **Measures of Effectiveness**

During development of the CFSR PIP, a baseline was established to measure the level of improvement in engaging families and children in the case planning process. The baseline data was based upon 44 CPOE Stage 5 reviews completed and were separated into three (3) categories of ongoing services: in-home supportive services; protective supervision (court-ordered in-home services); and substitute care. The baseline data was reported in the second quarterly PIP report of July 2004.

At that time, the baseline established was as follows:

In-home Supportive Services	Documentation that the PCSA provided parents and/or child the opportunity to participate in the development of the case plan	85%
	PCSA obtained agreement on the content of the case plan and provided a copy to the parents and/or child	72%
Protective Supervision	Documentation that the PCSA provided parents and/or child the opportunity to participate in the development of the case plan and provided each with a copy.	71%
Substitute Care	Documentation that the PCSA provided parents and/or child the opportunity to participate in the development of the case plan	70%
	Documentation that the PCSA provided notice to the substitute caregiver of the opportunity to participate in the development of the case plan	53%

When all 88 PCSAs were reviewed for CPOE Stage 5, the statewide performance percentages for the three (3) categories were as follows:

In-home Supportive Services	Documentation that the PCSA provided parents and/or child, the opportunity to participate in the development of the case plan	84%
	PCSA obtained agreement on the content of the case plan and provided a copy to the parents and/or child	71%
Protective Supervision	Documentation that the PCSA provided parents and/or child the opportunity to participate in the development of the case plan and provided each with a copy.	67%
Substitute Care	Documentation that the PCSA provided parents and/or child the opportunity to participate in the development of the case plan	69%
	Documentation that the PCSA provided notice to the substitute caregiver of the opportunity to participate in the development of the case plan	56%

PCSAs achieving less than 90% compliance on the performance measure for CPOE Stage V were required to complete a QIP outlining strategies the agency will implement to improve their compliance rates.

Results of 84 counties reviewed during CPOE Stage 6 are as follows:

In-home Supportive Services	Documentation that the PCSA provided parents and/or child, the opportunity to participate in the development of the case plan	87.5%
	PCSA obtained agreement on the content of the case plan and provided a copy to the parents and/or child	83.8%
Protective Supervision	Documentation that the PCSA provided parents and/or child the opportunity to participate in the development of the case plan and provided each with a copy.	69.4%
Substitute Care	Documentation that the PCSA provided parents and/or child the opportunity to participate in the development of the case plan	70.3%
	Documentation that the PCSA provided notice to the substitute caregiver of the opportunity to participate in the development of the case plan	59.6%

### Strengths and Promising Approaches

A collaborative effort with the Supreme Court of Ohio Task Force and a Subcommittee on Responding to Child Abuse, Neglect, and Dependency was established to determine if Ohio's statutory guidelines for the investigation and prosecution of child abuse and neglect properly serve children and families in need of government intervention; make statutory and administrative recommendations to improve Ohio's system for accepting and investigating reports of child abuse and neglect; and make recommendations to standardize and make uniform Ohio statutes regarding abuse, neglect, and dependency cases. After an eighteen (18) month study, the Subcommittee made a series of recommendations which include rewriting the language of the ORC that defines categories and dispositions of child abuse and neglect to move to a "Child in Need of Protective Services" model; and establish an Alternative Response System for responding to reports of suspected child abuse and neglect. The establishment of an Alternative Response system is also intended to influence the type of contact and level of engagement a caseworker has with a family. The focus of an investigation is used on the most serious cases, which are likely to be a collaborative effort between the PCSA and law enforcement as a result of the likelihood of criminal charges. All other cases would be served along a Family Assessment track in which the PCSA would utilize a more friendly approach. A study of the state of Minnesota's Alternative Response system, which Ohio is using as a model in the development and evaluative phase of the initiative, found that a Family Assessment track and the provision of post-assessment services led to increased positive attitudes among families, along with reduced levels of future child abuse and neglect reports. The Family Assessment track and the focus on how a caseworker interacts with the family are likely to result in improvement for Ohio in engaging the family in the case planning process.

The Ohio Child Welfare Training Program (OCWTP) also amended required Caseworker Core training include the following Core Modules to address case planning:

- Caseworker Core Module 2- focuses on engagement in family centered child protective services.
- The Module 2 Learning Lab focuses on skills in engaging families in family assessment and case planning.
- Caseworker Core Module 3- Legal Issues – emphasize father's rights and working with fathers.
- Caseworker Core Module 4- teaches safety, risk and family assessments.
- Caseworker Core Module 6- addresses engaging fathers.

The court is a critical collaborator in case planning with families and evaluation of progress made by families. Additionally, many PCSAs have collaborated with their local child support office in an effort to locate absent parents. The Ohio Child Welfare Training Program has revised the Family Centered

Casework Core Workshops to incorporate the philosophy of engagement of the family in the case planning process.

### **Barriers**

The turnover of casework staff at the local level continues to be an issue that could be affecting the success of Ohio in achieving an increases rate of parental involvement in the case planning process. Continued staff turnover presents a barrier related to training and the experience level of staff delivering services to at risk children and families involved with the child welfare system. Overall, the average turnover rate for all of Ohio's counties in 16%. In one small agency, the turnover rate was as high as 57%. Many caseworkers have high caseloads, which does not provide sufficient opportunity for casework staff to focus on engaging the family. A certain skill level and time are necessary to have parents and children want and understand the need to change behaviors.

Additionally, many caseworkers are overburdened with multiple high risk cases whereby much of the time a caseworker has with the family is focused on issues of safety. This does not allow sufficient time for relationship building, which is an essential component of parental engagement in the case planning process.

The CFSR Safety Workgroup discussed further barriers. Some of the barriers cited by the group consisted of:

- Parents are too angry at their child for disclosing family information.
- Workers may not have the "skill set" or the ability to engage the parent in good rapport.
- Workers may tell the parent what to do rather than asking parents for their input and involvement.
- Parents may be abusing drugs while parenting, making communication and understanding difficult.
- Some attorneys advise parents not to speak with the worker.
- If a court order is involved and parents feel forced, they are less likely to cooperate.
- Court-appointed Guardians ad litem may not involve the family and may use language appropriate for criminal cases and not juvenile cases. Court cases may be postponed and not held in a timely manner.

- Item 26: Periodic Reviews**
- Item 27: Permanency Hearings**
- Item 28: Termination of Parental Rights**
- Item 29: Notice of Hearings and Reviews to Caregivers**

For each of the above mentioned items, this section provides a summary of current policy and practice in the state of Ohio, changes in performance or practice since Ohio's 2002 CFSR, measures of effectiveness, strengths and barriers, and promising approaches. Data for this report was collected through a variety of sources that include: comprehensive online survey, written survey and first-hand discussion with PCSA directors, foster parent surveys, statewide CQI results, and Supreme Court of Ohio and ODJFS documents.

Within Ohio's state-supervised and county-administered child welfare system, there is local flexibility to adapt practices to meet specific community needs within an established state framework. In organizing the data for this section, the impact of this state-county structure was readily apparent. One of the most revealing sources of data was the Ohio Statewide Assessment Survey. Over 400 stakeholders responded to this comprehensive online survey, which was developed to gather stakeholder input on all four court-related CFSR items. The survey was widely distributed to child protection agencies, juvenile courts, Ohio CASA/GAL, defense counsel, prosecutors and agency attorneys, parents, caregivers, foster parents and pre-adoptive parents throughout the state. Survey respondents could provide identifying information for subsequent follow-up or opt to remain anonymous.

A summary of the data collected through the Ohio Statewide Assessment Survey is available at [http://www.law.capital.edu/adoption/ocplri/SurveySummary\\_01212008.pdf](http://www.law.capital.edu/adoption/ocplri/SurveySummary_01212008.pdf).

The purpose of this survey was to provide qualitative context, rather than definitive outcomes data. The results of the survey illuminate specific areas for future follow-up and examination. Survey responses were very instructive about differing perceptions of practice among various child welfare stakeholders as well as similarities and differences in practice among counties. Some of the data gathered through this survey reflects county trends, rather than statewide trends. In order to accurately capture and characterize the data, this report is organized to reflect statewide policy and practice along with featured "local snapshots" to help illustrate county-specific trends, challenges and innovative practices.

### **Court – Agency Collaboration in Ohio**

ODJFS and the Supreme Court of Ohio have prioritized improving the interaction between child welfare and judicial systems on behalf of the children and families they mutually serve. This is evidenced by a series of collaborative initiatives, jointly administered by ODJFS and the Supreme Court of Ohio, that have resulted in notable changes in policy and practice since Ohio's first CFSR in 2002. A brief overview of these initiatives provides essential context for understanding Ohio's progress on the four court-related CFSR items outlined in this section.

- **Advisory Committee on Children, Families and the Courts:** Chief Justice Thomas Moyer has established this standing committee, comprised of judges, magistrates, and various professionals who specialize in child and family issues, to make recommendations on court reform matters related to family law. The Advisory Committee currently has three subcommittees focused on child welfare system reform:
  1. Subcommittee on Responding to Child Abuse and Neglect
  2. Subcommittee on Rules and Statutes
  3. Subcommittee on Legal Representation
- **Beyond the Numbers Regional Stakeholder Meetings:** In 2005 and 2006, the Supreme Court of Ohio convened a series of Regional Stakeholder Meetings in seven districts throughout Ohio. These sessions provided a forum for local judges and PCSA directors to discuss common goals, learn more about local data and the findings of Ohio's first CFSR, and begin to identify systemic factors that could be improved through an action plan.
- **Dependency Docket Caseflow Management Training:** Building on the work begun in the *Beyond the Numbers Regional Stakeholder Meetings*, this initiative promotes collaboration at the local level between courts, child protection agencies, and other stakeholders to improve local practice and

compliance with federal requirements. This 1<sup>1</sup>/<sub>2</sub> day program is customized to address the issues facing local communities. Through a series of facilitated exercises, participants work in county teams to analyze current practice and design data-driven systemic improvements to be implemented locally. To date, 81 of Ohio's 88 counties have voluntarily attended the *Beyond the Numbers Regional Stakeholder Meetings* and/or *Caseflow Management* training opportunities. Many judges and PCSA directors have continued to convene local team meetings following this initial training to further the collaborative work begun in these sessions.

- **Judicial Training and Cross Training:** The Ohio Judicial College has designated a Family Law Specialist to develop training programs and curricula to improve judicial intervention in family matters. The Family Law Specialist works with judicial representatives and ODJFS in course development and to identify ongoing training needs. An additional Family Law Specialist develops family law educational programming for non-judicial court personnel such as court administrators, probation officers, clerks, and mediators.
- **Data Collection:** The Supreme Court of Ohio and ODJFS support ongoing efforts to ensure that Ohio's juvenile courts and public child welfare agencies have available and share timely information on the children and families that come to the attention of the juvenile court because of child welfare matters.
- **Model Courts:** Three juvenile courts in the state have been designated by the National Council of Juvenile and Family Court Judges as "Model Courts"- Hamilton, Lucas, and Cuyahoga counties. These courts are offered technical assistance and financial support to improve the processing of child protection cases. Some improvements made to date include expanded use of mediation, an attorney mentor program, innovative uses of technology, and expanded court services, including the establishment of a Family Drug Court. The Supreme Court of Ohio and ODJFS work closely with the National Council of Juvenile and Family Court Judges to assist interested Ohio courts in becoming Council-supported "Model Courts."
- **Unified Family Courts and Family Drug Courts:** All courts applying to the Supreme Court of Ohio for additional judgeships are being asked to consider the concept of a "Family Judgeship" in their application. The Supreme Court of Ohio, ODJFS, and the Ohio Department of Alcohol and Drug Addiction Services offer technical assistance, on-site training and help with identifying available resources to communities interested in establishing a Family Drug Court. With 17 Family Drug Courts, Ohio has been recognized as a national leader in implementing this exciting option for working with substance addicted parents.
- **Cross Disciplinary Communication:** The Supreme Court of Ohio and ODJFS produce a quarterly bulletin on family law issues that is distributed to all Ohio common pleas judges, magistrates, and court administrators; PCSA directors; and other relevant agencies.

The Supreme Court of Ohio and ODJFS also work together to develop documents, such as the Ohio Dependency Docket Bench Cards (available at <http://www.sconet.state.oh.us/publications/JCS/benchcards/>), which assist judicial officers in their duty to provide comprehensive and timely judicial action in child welfare cases and promote best practices. In the spring of 2006, the Supreme Court of Ohio distributed *Dependency Docket Bench Cards* to every juvenile judge and magistrate in Ohio. The cards' design follows a case from the initial entry to closing. Each stage of the proceedings has a laminated bench guide that provides best practice pointers, statutory notes, and identifies language that is either statutorily or fiscally required in the entry.

- **Ohio CASA/GAL Collaboration:** The Ohio CASA/GAL Association provides leadership for the 40 local CASA/GAL programs currently operating in Ohio. The Supreme Court of Ohio provides representation on the Association's Board of Directors and ODJFS partially funds a training program for CASA/GAL volunteers, staff and other stakeholders. The Association is in year three of providing ODJFS supported training entitled "In the Interest of Children: Developing a Working Protocol between CASA/GAL Programs and Public Children Services Agencies". The Court and ODJFS

support the Association's focus on training, certification of local programs, and statewide implementation of program standards.

- **Summit on Children:** In May 2008, the Chief Justice of the Supreme Court of Ohio and the Governor of Ohio convened a Summit on Children. This two day event established a forum for community leaders to collaborate and create an agreement to design an action plan to enhance the safety, well being, and permanent home environments for children. The Summit built on local collaborative efforts begun through *Beyond the Numbers*.
- **Child Protection Mediation Programs:** Ohio has been a national leader in developing child protection mediation programs that offer a less adversarial approach to the resolution of abuse, neglect and dependency cases. Currently, there are five child protection mediation programs in Ohio courts, and the Court Improvement Program (CIP) grant plan is to increase this number by three programs per year for the next five years.
- **Alternative Response:** Based on recommendations of the Supreme Court of Ohio's Subcommittee on Responding to Child Abuse and Neglect, ODJFS and the Supreme Court have implemented a plan to pilot an alternative response child protection model in ten counties. Intensive design and preparation for the pilot is underway, and each of the ten counties involved will begin using the new alternative response system July 1, 2008. The pilot will include a rigorous evaluation process that will measure outcomes related to child safety and well-being, family and worker satisfaction, fiscal impact and potential impact on CFPSR outcomes and judicial system outcomes.

It should be noted the Ohio court system is state supervised and locally administered. As a result, the method that courts use in monitoring hearings and reviews varies depending on the local case management system. Courts do not report hearing specific information to the Supreme Court of Ohio. Courts are required to report new case filings and case dispositions to the Supreme Court on a monthly basis. Additionally courts are required to report cases beyond Supreme Court time guidelines. The time guidelines measure the time from court filing to disposition.

## Item 26: Periodic Reviews.

Ohio provides a process for the periodic review of the status of each child that meets or exceeds the federal requirements.

### Policy

The following ORC Sections and OAC rules govern periodic review of the status of each child:

- ORC §2151.416 (A) and Ohio Rules of Juvenile Procedure 36(C) provide that agencies that are required to prepare children's case plans shall complete a semiannual administrative review of the case plan no later than six months after the earlier of the date on which the complaint in the case was filed or the child was first placed in shelter care. Thereafter, the agency is required to complete semiannual administrative reviews no later than every six months.
- ORC §2151.417 and Ohio Rules of Juvenile Procedure 36 and 38(B) provide that in all cases where the court issues a dispositional order in relation to a child, the court may review, at any time, the child's placement and custody arrangement or permanency plan and any other aspects of the child's placement or custody arrangement. Such a review must be conducted within 12 months of the date a complaint is filed or the child is placed in shelter care, whichever is earlier; subsequently, reviews must be held no later than every twelve months after the initial review hearing until the child is adopted, returned to the parents, or the court otherwise terminates the child's placement or custody arrangement.
- ORC §5103.153 requires that juvenile courts conduct review hearings of agreements for the voluntary surrender of a child for purposes of adoption once every seven months after the agreement is entered into if an adoption has not become final. Such review hearings in relation to children under six months of age must be held once every 6 months after the court is notified of the agreement until the child is placed for adoption.
- OAC Chapter 5101:2-38 (Case Planning and Review) requires that case plans for families receiving in-home services be administratively reviewed semiannually. This administrative code chapter details the tools used in case planning and review and the required responses to changes in the child's safety risk.

### Practice

- Juvenile Court judges refer to Ohio's *Dependency Docket Bench Cards* (available at <http://www.sconet.state.oh.us/publications/JCS/benchcards/>). These cards act as a quick reference resource for judges and include detailed check-off provisions relating to requirements for review hearings. The check-off list includes such reminders as:
  - When the agency conducts the administrative review pursuant to R.C. 2151.416 and files the summary with the court:
    - ⇒ Determine whether the conclusions of the review are supported by a preponderance of the evidence;
    - AND**
    - ⇒ Approve or modify the case plan upon that evidence.
  - When the review hearing takes the place of the administrative review, pursuant to R.C. 2151.417(J); Juv. R. 36(C):
    - ⇒ Determine the continued necessity for, and the safety and appropriateness of, the child's placement;
    - AND**

⇒ Determine the extent of the progress made toward alleviating or mitigating the causes necessitating the child's placement in foster care;

**AND**

⇒ Project the likely date by which the child may be safely returned home or placed for adoption or legal custody.

- Under Ohio's CAPMIS, a Case Review is completed every 90 days, based upon whichever of the following occurs first: original court complaint date, date of placement, date of court-ordered protective supervision, or the date of the agency worker's signature on the case plan.
- At six month intervals, a Case Review is completed in conjunction with the SAR. Review panels are composed of at least two individuals, including a caseworker with day-to-day responsibility for/familiarity with the case plan and a supervisor or designee. In court-supervised cases, the review panel consists of at least three individuals. Many counties utilize specially trained staff to facilitate SARs. Agencies provide written notification to families of the date, time and place of the SAR. The review involves a joint meeting with the panel members, parents/guardians, the GAL, and the foster caregivers.
- Agencies prepare a written summary for each SAR, including documentation of the participants in the review process; the family's progress toward addressing concerns; the family's perceptions, concerns and feedback on services; and conclusions about the appropriateness of services provided. Case plans may be amended as appropriate as a result of the review process.
- Agencies provide a copy of the SAR summary and amended case plan, if applicable, to all parties, including the child's guardian ad litem or CASA volunteer.

### Changes in Performance/Practice

#### **Statewide**

- Ohio's CAPMIS includes new case review and semi-annual administrative review tools. Agency workers complete case reviews every 90 days, and every 180 days a case review is completed in conjunction with the SAR. SARs include re-assessments of child safety and maltreatment risk factors and document case progress, the impact of services on the family system, and any recommended service modifications.
- In the spring of 2006, Ohio's *Dependency Docket Bench Cards* (available at <http://www.sconet.state.oh.us/publications/JCS/benchcards/>) were introduced and distributed to every juvenile court judge and magistrate in Ohio.

#### **Local Snapshots**

- Since Ohio's last CFSSR, agencies have placed increased emphasis on involving caretakers and other critical stakeholders in the semi-annual administrative review (SAR) process. For example, Seneca County reports, "The role of the foster parent and notice to foster agency has changed with a focus on notice to the foster parents and foster care agency and any relative or kinship care provider that has temporary custody." Medina County states, "We include more stakeholders at the agency reviews, i.e., mental health, MRDD if involved. All parties, their attorneys and GAL are invited as are the foster caregivers."
- Counties also report an earlier emphasis on permanency through more frequent reviews with a specific focus on accountability and timelines. Hamilton County reports that, "In SARs, a chart is present in the room listing the child's name and the number of days in care and/or the number of days for permanency. In court reviews, the Magistrate introduces the case with the same information to insure all parties are aware of the progress or lack thereof." Ashtabula County states, "Our reviews are held every 5 months to allow for 'no shows' etc. We also, as a Protect Ohio county, hold Family Team Meetings on every case of children in custody. These reviews are held every 90 days during the life of the case."

## Process to Ensure Collaboration

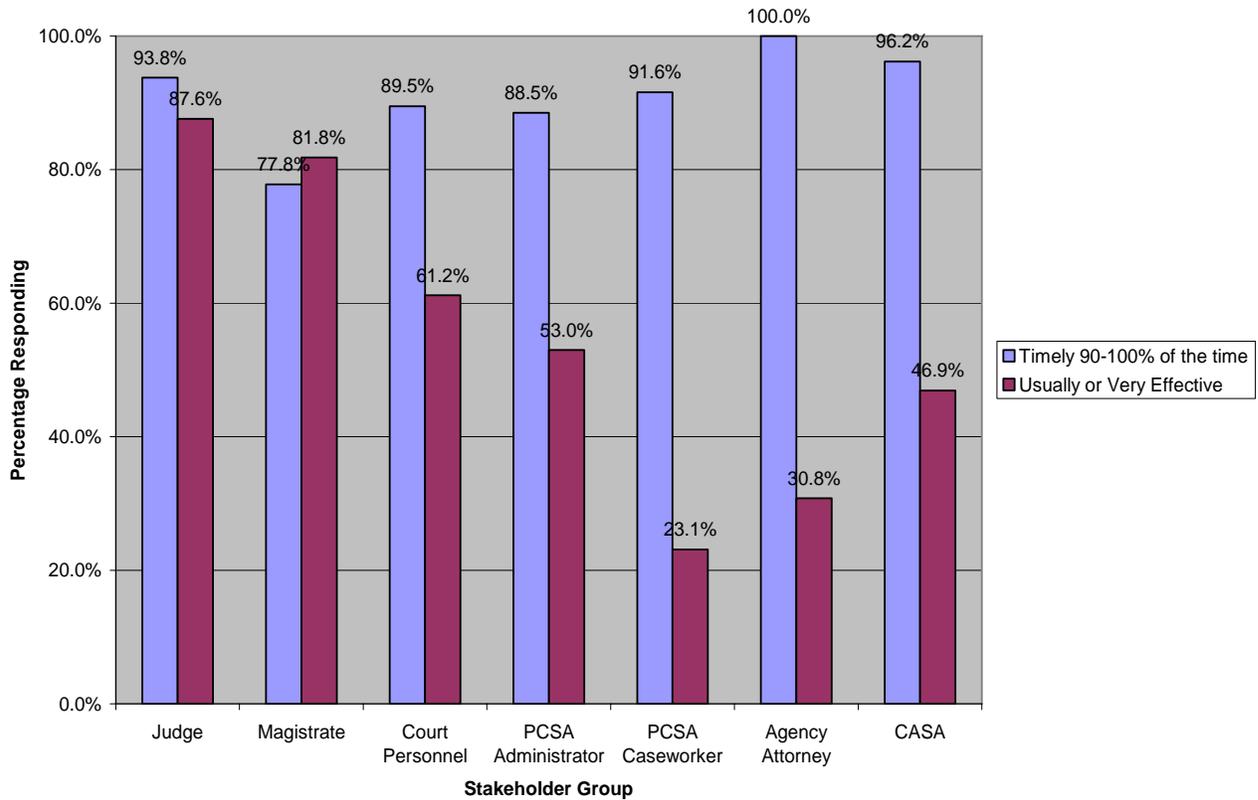
- Following Ohio's last CFSR, ODJFS and the Supreme Court of Ohio initiated a process to develop two brochures to help inform parents and caretakers of their rights and responsibilities when working with PCSAs. The first brochure explains parental rights during the assessment/investigative process, and the other brochure focuses on parental rights when children are in foster care. These brochures were initially developed by the ABA Center on Children and the Law under the advisement of the Supreme Court of Ohio's Advisory Committee on Children, Families & the Courts and its Subcommittee on Responding to Child Abuse and Neglect. Drafts of the brochures were vetted by PCSA staff, juvenile judges, prosecutors, parents' attorneys, and other stakeholders throughout the state. Their feedback was documented and incorporated in the finalized versions of the brochures and accompanying caseworker manuals. Through this systematic process, the state has developed a set of comprehensive tools to aid caseworkers' efforts to engage and inform parents about their rights when working with a PCSA.
- Respondents to the Ohio Statewide Assessment Survey self-report that birth parents, foster parents, pre-adoptive parents, older children (usually 16 or older), relative caregivers, CASA volunteers, mental health and other family services providers are regularly given notice of and offered an opportunity to participate in case reviews. Stakeholders report increased efforts to provide advance notice to involved parties to encourage attendance and ample opportunity to reschedule if necessary to help ensure the attendance of parents and/or their counsel.
- To date, 81 of Ohio's 88 counties have voluntarily attended the *Beyond the Numbers Regional Stakeholder Meetings* and/or *Caseflow Management* workshops. As a result of these collaborative training opportunities, many Ohio counties continue to host regular meetings focused on data-driven systemic improvement. Stakeholders involved in these local meetings typically include juvenile court judges and staff, agency administrators, prosecutors and parents' attorneys, GALs and/or CASA representatives, and representatives of community agencies and treatment providers serving families. The purpose of these ongoing meetings is to identify new opportunities for collaboration and strategies to improve the timeliness and effectiveness of court and agency processes within counties, including those processes related to periodic status reviews.

## Evaluation

### Survey Data

- Respondents to the Ohio Statewide Assessment Survey report that the vast majority of SARs are conducted on a timely basis. Perceptions of timeliness varied somewhat by the stakeholder group reporting, but were relatively high across stakeholder groups. As reflected in the graph below, perceptions of the *effectiveness* of SARs varied widely among major stakeholder groups. Judges and magistrates were the most likely to report that SARs were effective in promoting timely permanency for children in care, while PCSA caseworkers and attorneys were the least likely to view the SAR process as an effective means of promoting permanency.

### Timeliness and Effectiveness of SAR's



### CQI Data

- ODJFS has implemented an oversight and evaluation system based upon a continuous quality improvement process, focusing on specific service delivery processes and client outcomes. This monitoring and oversight process, called CPOE occurs at least every 24 months for each PCSA. Following an on-site review, the Department prepares a final report that is shared with the PCSA, the juvenile court and the county commissioners. The PCSA is then required to submit to the Department, and implement, a QIP to correct findings of noncompliance.

CPOE record review data from 2006 reflect the following findings for 84 of Ohio's 88 counties (CAPMIS pilot counties were excluded from this data):

#### ***In-home Supportive Services Cases:***

- *Timeliness of SARs –*
  - PCSA conducted an SAR no later than 6 months after the date the original case plan was completed – 82% compliance.
  - PCSA conducted SARs no later than every 6 months after the previous SAR – 91.9% compliance.
- *Effectiveness of SARs and consistency with OAC requirements –*
  - SAR was conducted by a review panel of at least the caseworker with day to day responsibility for or familiarity with the management of child's case plan and a supervisor or designee – 95.6% compliance.
  - PCSA provided a written summary for each SAR, including extent of progress toward alleviating the risk and/or circumstances that required PCSA involvement; conclusion regarding the appropriateness of the supportive services provided; assessment of case plan

- appropriateness for the child and compliance by parties; names of all participants at SAR – 95.6% compliance.
- PCSA provided a copy of the SAR summary to all parties – 75.6% compliance.

**Protective Supervision/Court-Supervised Cases:**

- *Timeliness of SARs –*
  - PCSA completed an SAR no later than 6 months after the earlier of either the date the complaint was filed or the court issued an order of protective supervision – 90% compliance.
  - PCSA conducted SARs no later than every 6 months after the previous SAR – 87.2% compliance.
- *Effectiveness of SARs and consistency with OAC requirements –*
  - SAR was conducted by a review panel of at least three persons, including the caseworker with day to day responsibility for child’s case plan and a person who is not responsible for child’s case plan or services to child or his/her family – 96.3% compliance.
  - PCSA prepared a written summary for each SAR required that contained the following information: extent of progress made toward alleviating the risk and/or circumstances that required PCSA involvement; conclusion regarding the appropriateness of the supportive services provided; assessment of case plan appropriateness for the child and compliance by parties; estimated date for termination of protective supervision; PCSA recommendation regarding custodial rights over the child for the next 6 month period; names of all persons who participated in the SAR – 90.8% compliance.
  - PCSA filed with the court a copy of the SAR summary no later than 7 days after the SAR and included a copy of the amended case plan – 87.3% compliance.
  - PCSA provided a copy of the SAR summary to all parties and the GAL and/or CASA within one day of filing with the court – 75.3% compliance.

**Substitute Care Cases:**

- *Timeliness of SARs –*
  - PCSA completed an SAR no later than six months after the date on which the complaint was filed or the child was first placed in substitute care whichever occurred first – 89.1% compliance.
  - After the first SAR, PCSA conducted an SAR no later than every six months after the most recent SAR – 89.4% compliance.
- *Effectiveness of SARs and consistency with OAC requirements –*
  - SAR was conducted by a panel of at least three persons including the caseworker with day to day responsibility for child’s case plan and a person who is not responsible for management of the child’s plan or for the delivery of services to child or his/her parent, guardian or custodian – 96.9% compliance.
  - PCSA filed with the court a copy of the SAR summary no later than seven days after the SAR & included a copy of the amended case plan – 87.1%.
  - PCSA documented on the SAR: the extent of progress towards alleviating the risk and or circumstances that required the PCSA to assume temporary custody of the child; a conclusion regarding the appropriateness of the case plan for the child and the extent of compliance by all parties with the case plan; evaluation of whether services provided to the child and his parent, guardian, custodian will help the child return to a safe environment when applicable; an assessment of the continued safety and the necessity for and appropriateness of the placement setting of the child; an estimated date by which the child may be returned and safety maintained at home, placed with a relative or other suitable non-relative, placed in a planned permanent living arrangement, placed for adoption or finalized in an adoptive home or prepared for independent living; and a determination of whether a child with a dispositional status of planned permanent living arrangement should continue in the status or whether the agency shall file a motion with the court requesting permanent custody of the child – 93.4%
  - PCSA provided a copy of the SAR summary to all parties & the guardian ad litem and/or CASA within one day of filing with the court – 76.6% compliance.

## **Strengths and Promising Approaches**

### **Statewide**

Widespread trends:

- Many agencies throughout Ohio are successfully using Family Group Conferencing or Family Team Decision-Making models to foster greater family involvement in case planning and subsequent reviews.
- Several counties utilize specialized, independent facilitators who are trained to conduct effective case reviews.
- Ohio has one of the highest rates of public agency accreditation for locally administered PCSAs in the nation (only North Carolina has more). Nineteen PCSAs in Ohio have been accredited by COA (Council on Accreditation), and another four are currently in the process of pursuing accreditation. Accreditation indicates that agency services are delivered according to nationally-recognized standards of best practice.

### **Local Snapshots**

Counties throughout Ohio have developed tools and improved processes for enhancing the quality of reviews and promoting timeliness. Some examples of local innovation:

- Marion County reports that its agency holds monthly reviews for children in custody and children at high risk for removal.
- Several counties have made efforts to create accessible, family-friendly documents to correspond with SARs and Ohio's 90-day case review. For example, Warren County has developed a "parent checklist," and Highland County has created an "action steps form." These tools are user-friendly and quickly identify components of the case plan. These supplemental forms are provided to families along with the complete case plan and SAR summary.
- The juvenile court in Belmont County reports sending out a monthly form to all counselors, service and placement providers as a mechanism for receiving regular updates on children in the county's custody.

The following strengths were identified:

- **Timeliness:** 89% of survey respondents stated that in most cases (90-100%) semi-annual administrative case reviews (SARs) were performed on a timely basis in their counties. Similar data is also reflected in the state's CPOE record reviews.
- **Utilization of data to develop enhanced tools and processes:** Ohio's new CAPMIS protocol requires agencies to conduct case reviews every 90 days, exceeding federal requirements. In developing the CAPMIS model, Ohio responded to national findings showing that the frequency of reviews may decrease the amount of time children spend in custody. CAPMIS includes comprehensive case review tools to assist workers in completing thorough 90 day case reviews and SARs.
- **Collaboration:** Multi-disciplinary training opportunities offered jointly by the Supreme Court of Ohio and ODJFS have fostered county-level reform efforts to improve the timeliness and quality of SARs.

### **Barriers**

- Lack of parental participation in SARs is a commonly cited barrier to an effective case review process. Ohio Statewide Assessment Survey respondents report that schedule conflicts and lack of transportation, particularly in Ohio's rural counties where there is no public transportation available,

often impede parental participation. Additionally, some survey respondents report that parents may not understand or may feel intimidated by the process, preventing their full participation.

- Survey respondents reported that other barriers to an optimal SAR process include: timely availability of information or reports from service providers, guardians' ad litem or CASA volunteers; availability of counsel for parents; and timely scheduling of court reviews in crowded dockets.

## Item 27: Permanency Hearings.

Ohio provides a process for conducting permanency hearings that meets or exceeds the federal requirements.

### Policy

The following ORC Sections contain requirement for conducting permanency hearings:

- ORC§ 2151.413 (D)(1) provides that an agency must file a motion with the juvenile court for permanent custody of any child who has been in temporary custody for twelve or more months of a consecutive twenty-two month period, unless the agency documents a compelling reason why permanent custody would not be in the child's best interests.
- ORC §2151.417 (C) and Ohio Rules of Juvenile Procedure 36 and 38(B) provide that in all cases where the court issues a dispositional order and the child is in foster care or in the home of the non-custodial parent, the court shall hold a review hearing one year after the earlier of the date on which the complaint in the case was filed or the child was first placed into shelter care, and that subsequent periodic review hearings will be held every 12 months thereafter until the child is adopted, returned to the parents, or the court otherwise terminates the child's placement or custody arrangement.
- Ohio Rule of Juvenile Procedure 23 prohibits continuances for juvenile cases except when imperative to secure fair treatment for the parties.

### Practice

- The Ohio Department of Job & Family Services' *Child Protective Services Worker Manual* details agency practice in relation to permanency planning. Each SAR received by the court contains a summary of the child's current "permanency goal status." This section of the agency's review includes recommendations regarding the child's current custody arrangement and indicates whether the child's permanency goal needs to be amended. This section also includes estimated dates on which the child may be returned home, protective supervision may be terminated, permanent placement may be made, or the case may be closed.
- Juvenile Court judges refer to Ohio's *Dependency Docket Bench Cards* (available at <http://www.sconet.state.oh.us/publications/JCS/benchcards/>), which act as a quick reference resource for judges and include detailed check-off provisions relating to permanency hearings. The check-off list includes such reminders as:
  - Review (permanency) hearings must be held within one year after the earlier of the date on which the complaint was filed or the child was first placed into shelter care, and shall be scheduled at the time of the dispositional hearing.
  - Subsequent review hearings shall be held at least every 12 months until the child is adopted, returned to the parents, or the court terminates the child's placement or custody arrangement.
  - Written requests or motions for extension, termination, or modification of dispositional orders must be filed no later than 30 days prior to the earlier of either the date of termination or the date of the initial annual review hearing.

### Changes in Performance/Practice

#### Statewide

- Although Ohio courts historically have been diligent in conducting timely permanency hearings, various practices to ensure compliance have been adopted since the last Statewide Assessment. For example, magistrates who conduct these hearings now comply with the Resource Permanency and

Adoption Guidelines on Improving Court Practice in Child Abuse & Neglect Cases developed by the National Council of Juvenile and Family Court Judges. These Guidelines assist juvenile and family court judges in assessing and implementing improvements in the handling of child abuse and neglect cases from inception through permanency.

- The Supreme Court of Ohio has been active in addressing abuse and neglect issues and in responding to critical needs in this area. Since the last Statewide Assessment, the Court has:
  - Instituted the Subcommittee on Responding to Child Abuse, Neglect and Dependency of the Advisory Committee on Children, Families and the Courts, to research and formulate recommendations for systemic improvement.
  - Created a Family Law Case Manager position to interface with the Department of Job & Family Services and other state child welfare organizations and to provide technical assistance to juvenile courts.
  - Worked on the development of training curricula for the Ohio Judicial College and developed an annual two-day training conference for all new judges
  - Published a Desktop Guide for Juvenile Court Clerks (found at <http://www.sconet.state.oh.us/publications/JCS/JBPMannual.pdf>) to assist juvenile court clerks in implementing best practices and effective procedures.
- With more frequent and effective reviews, agencies are more successful in completing permanent custody filings in a timely fashion. An example of the early steps that support timely permanency hearings is the Reunification Assessment: 30 days prior to any court hearing where the agency is anticipating the child will be returned home, the agency must complete a Reunification Assessment to help determine the child's and parent's readiness for reunification. The Reunification Assessment provides a structured review of child safety, compliance with court orders, family conditions and dynamics, resources, strengths and protective capacities, child vulnerability and necessary interventions.

### **Local Snapshots**

- Ohio counties have also adopted strategies to help ensure timely permanency hearings. Prior to 2004, in one Ohio county hearings were sometimes carried on the docket well past 18 months, and decisions sometimes took longer than 90 days. A concerted effort has been made in that county to prioritize the hearings and decisions on permanent custody cases.
- In another county, a policy has been established to ensure all permanent custody cases are transferred to the permanency unit within 10 days of TPR (unless there is an appeal, in which case the first appeal must be heard prior to the transfer).

### **Process to Ensure Collaboration**

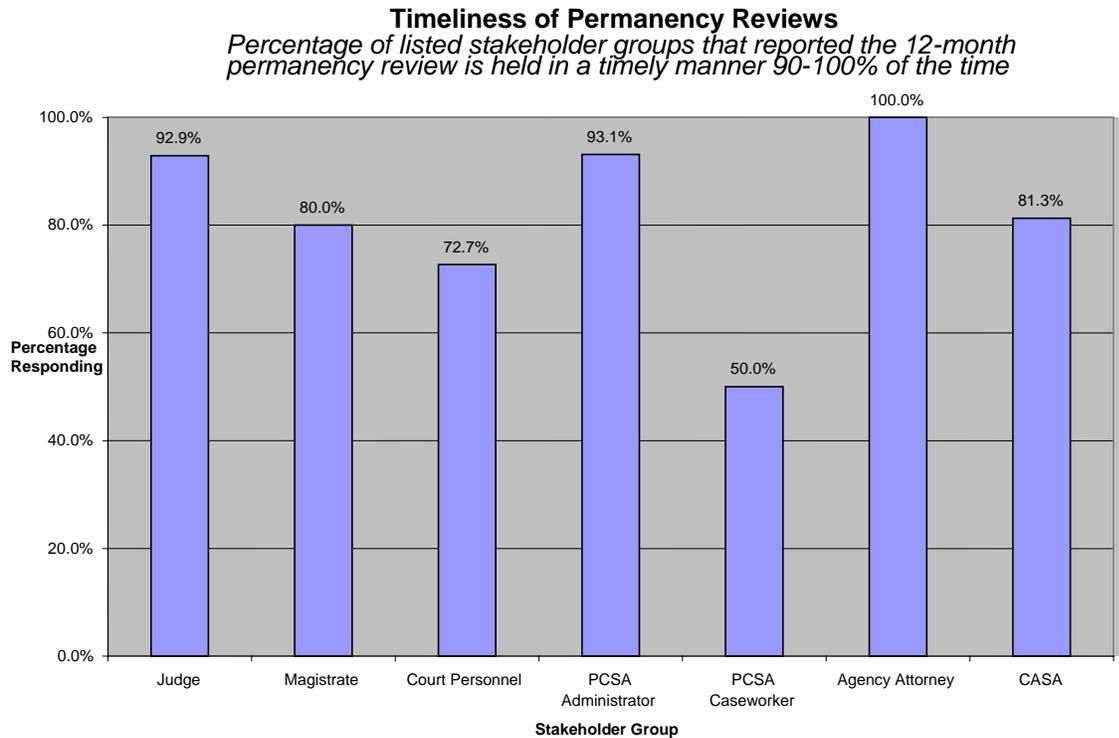
Collaborative efforts to ensure timely court process, spurred by the *Beyond the Numbers* initiative, are evident throughout the state. In one county, for example, representatives from the court, the PCSA, the prosecutor's office, the volunteer GAL program and the defense bar meet quarterly to discuss barriers to permanency. The PCSA and prosecutor's office closely monitor continuances to ensure they occur on a limited basis.

- Another jurisdiction has established a Court Management Committee that meets monthly to discuss court management implementation issues. The Committee includes representatives from the Prosecutors office, the local CASA program and the local agency. Another jurisdiction has formed an integrated service partnership, which focuses on pooling resources for services to children and families. In yet another jurisdiction, the judge meets monthly with local agency representatives to discuss case processing timelines and other issues affecting the court's management of cases.
- Ohio's Guardian ad Litem are key collaborators in advocating for abused, neglected, and dependent children in the court system. New *Guardian Ad Litem Standards*, developed by a task force of the

Supreme Court of Ohio after extensive study, currently are being finalized. These standards will establish a high quality standard for representation and a more consistent level of service from county to county.

## Evaluation

- Almost 70% of the respondents to the Ohio Statewide Assessment Survey self-reported that permanency hearings are nearly always held on a timely basis. The responses by individual by stakeholder groups were as follows:



- Respondents also reported varied means of monitoring the timeliness and effectiveness of the reviews. For example, many counties rely on databases or other technology-related systems to track timelines and scheduling. One county reported that its court database tracks timelines for adjudicatory, dispositional, annual review and permanency custody hearings; by paying attention to the timeframes, this county reduced the time it takes for each phase of the process.
- While a number of counties reported strict timeline compliance, the most common barriers to timeliness reported by other counties were hearing continuances and scheduling conflicts.

## Strengths and Promising Approaches

### Statewide

- An “Education Specialist” position with the Ohio Judicial College – the first such position dedicated to assisting non-judicial personnel -- has been established to collaborate with ODJFS and provide training on ASFA requirements to court personnel.
- The Supreme Court of Ohio offers on-site analysis and technical assistance to help courts improve case processing and assure timeliness of proceedings.

- The development of specialized dockets, which serve to enhance both the timeliness and quality of outcomes, is a trend throughout Ohio. The state is a national leader in the number of Family Drug Courts for serving substance addicted parents.
- The use of mediation as a tool in resolving permanency issues is also expanding. For example, cases in Clark County are frequently mediated prior to a pending permanent custody motion.

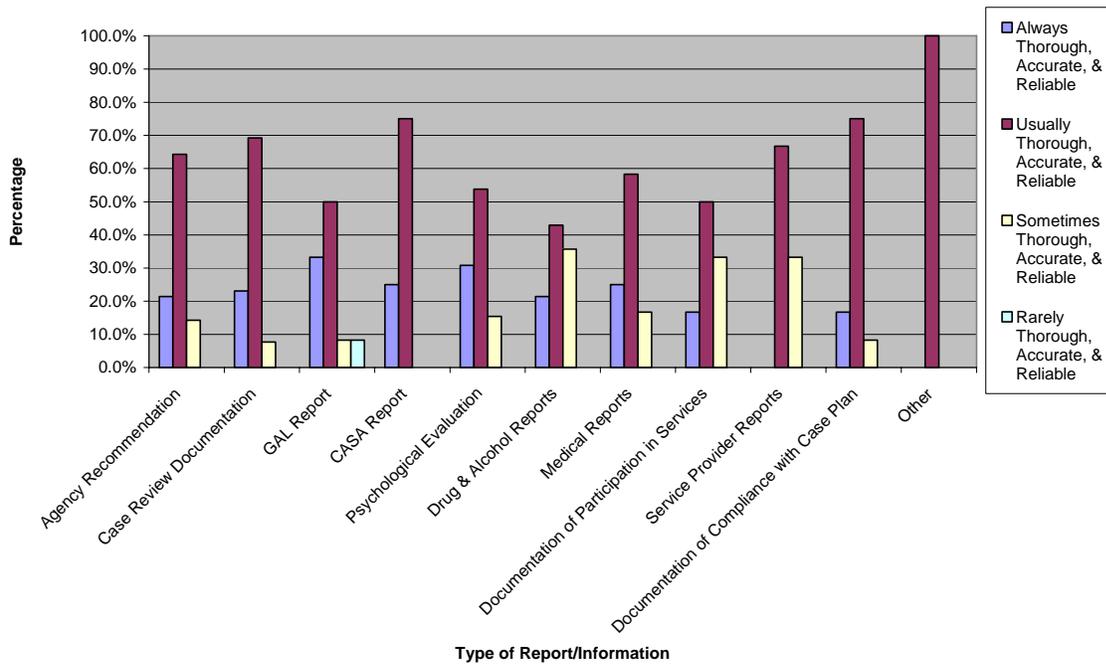
#### **Local Snapshots**

- In one Ohio county, service of abuse/neglect complaints and motions is accomplished through the clerk's office, and service for other hearings is completed by case managers in the courtroom at the conclusion of the hearing (by hand-delivery to those parties that are present and mailed to those who are not). In addition, two jurisdictions improved notice delivery by encouraging a greater focus on service of process issues and developing a plan regarding service.
- Some counties have instituted rules or policies to proactively address common causes of delay. For example, one court has set a nine-month permanency hearing requirement to prompt the parties and agency to more quickly determine the appropriate permanency goal and ensure readiness at the 12-month milestone.
- In one model court jurisdiction, magistrates have attended training offered through the National Council of Juvenile Court Judges; the court conducts internal specialized trainings on child permanency practice quarterly.
- In another county, the court conducts regular status hearings for more complex cases in which families have multiple service needs. This court also has a specialized docket for families with alcohol and drug dependency issues. Progress with the treatment plan is initially reviewed weekly.

Additional strengths identified included the following:

- **Quality of Reports:** The accuracy and comprehensiveness of information on which courts and agencies rely in permanency decision-making is generally high. For example, over 80% of stakeholders responding to the Ohio Statewide Assessment Survey indicated that case review documentation, agency recommendations, psychological evaluations, CASA reports and medical reports received were always or usually accurate and thorough.
- In particular, judicial respondents to the Ohio Statewide Assessment Survey generally gave positive ratings on the quality of this critical information, as indicated below:

**Judges' Ratings of Quality of Information/Reports  
Available at Permanency Review Hearings**



- Collaboration: Multi-disciplinary training opportunities offered jointly by the Supreme Court of Ohio and ODJFS have fostered county-level reform efforts to improve the timeliness and quality of permanency reviews.
- Timeliness: Supreme Court of Ohio comparative data from 2005 and 2007 indicate that the timeliness of case resolution has improved. For example, although new filings of abuse, neglect and dependency cases increased from 14,827 in 2005 to 15,423 in 2006, the number of such cases pending beyond time guidelines decreased from 1,458 to 1,204 during the same time period (2005 & 2006 Ohio Courts Summaries, available at <http://www.sconet.state.oh.us/publications/default.asp>).

**Barriers**

- In some counties, dates for the permanency hearing are assigned prior to the one-year anniversary and typically scheduled for one hour. This can present a barrier to timeliness if the issues raised by motion at the hearing necessitate a contested, more extensive hearing to be scheduled. If multiple attorneys are involved, the scheduling of follow-up hearings can be even more difficult.
- Anecdotal reports indicate that in some instances lack of preparation or appropriate motions by the agency or parties has caused delays. As a result, continuances of hearings that were timely scheduled have been required. On the other hand, although the majority of Ohio courts hold permanency hearings on a timely basis, isolated reports indicate delays may be attributed to issues such as overloaded dockets. One county reported that it has taken up to 6 months for a court date to be set after the filing of a motion, and up to two months after the hearing for an entry order to be made.
- Continuances appear to be one of the primary reasons for delays of permanency hearings, along with scheduling conflicts and the inability to serve process on a necessary party. 73% of agency administrators responding to the Statewide Assessment Survey reported that continuances were the top reason for delays. Continuances may be occasioned by lack of necessary information; 64% of

magistrates responding to the Statewide Assessment Survey reported the unavailability of needed information as the number one reason for delays of permanency hearings.

## Item 28: Termination of Parental Rights.

Ohio provides a process for Termination of Parental Rights that meets or exceeds ASFA standards.

### Policy

Requirements for reunification efforts are codified in Ohio Revised Code § 2151.419, which states that at any hearing at which the court removes a child from the child's home or continues the removal of a child from the child's home, the court shall determine whether the agency has made reasonable efforts to prevent removal of the child or to reunify the child with the family, unless specified circumstances excuse such efforts. The agency has the burden of proving that it has made reasonable efforts. If the court determines that reasonable efforts to reunify are excused, the court is required to conduct a review hearing to approve a permanency plan with respect to the child. The hearing to approve the permanency plan may be held immediately following the court's determination, but must be held no later than thirty days following that determination.

- ORC§ 2151.413 (D)(1) provides for a mandatory motion for permanent custody (TPR) to be filed when a child has been in custody of an agency for twelve or more months of a consecutive twenty-two month period, unless the agency documents a compelling reason why permanent custody would not be in the child's best interests.
- ORC § 2151.414 requires courts to set hearings on such motions to determine if it is in the best interest of the child to permanently terminate parental rights and grant permanent custody to the agency that filed the motion.

### Practice

- Under Ohio law, a motion for permanent custody must be filed no later than the date a child has been in placement for twelve months out of the preceding twenty-two months, unless compelling reasons exist not to file. This requirement exceeds the ASFA standard, which requires such a motion after fifteen months in care. In addition, Ohio permits the filing of such a motion if the child is abandoned or orphaned, and no relatives agree to take permanent custody. Ohio has also expanded the number of "reasonable effort" exceptions provided for in ASFA under which the court may find, by clear and convincing evidence, that a child may not be placed with a parent within a reasonable amount of time or should not be placed with the parent, considering all relevant statutory factors relating to parental status and conduct.
- Juvenile Court judges refer to Ohio's *Dependency Docket Bench Cards* (available at <http://www.sconet.state.oh.us/publications/JCS/benchcards/>) as a reference resource to ensure that TPR proceedings are consistent with state, federal, and constitutional requirements relating to issues including: proper notice to parents, appointment of counsel as appropriate, determination of any conflicts between the responsibilities of the role of the attorney and that of the guardian ad litem for the child, and application of the appropriate standards of evidence and proof. Checklists relating to these issues provide convenient reference points for judges.

### Changes in Performance/Practice

#### Statewide

- In general, Ohio agencies and courts have engaged in more proactive practice to ensure that permanency is obtained timely; the length of stays of children in foster care are routinely reviewed and discussed in family conferences and supervisory case reviews.
- Because of the increased hearing demands occasioned by the ASFA timelines, the Supreme Court of Ohio has established a pool of experienced juvenile law judges available to be assigned to courts with increased or extended caseloads.

## Local Snapshots

- One county reports improvement strategies that include maintaining case information so that it is always readily available and appropriately updated, and conducting frequent reviews of recommendations for the permanent disposition of each child's case. This information is provided to all parties and the Court so that the case may move forward in a timely manner.
- In an effort to further consistency of outcomes and timeliness of proceedings, only judges in Franklin County hear motions for permanent custody. In Cuyahoga County, monthly statistical self-reports are conducted to track current case progress and case data over time.

## Process to Ensure Collaboration

- Ohio agencies and courts have engaged in a number of collaborative activities to improve performance in this area since the last Statewide Assessment. For example, one county's court and agency staff meet every three months to go over case expectations and track case progress. Court and agency staff have developed an efficient working relationship to ensure timely TPR hearings and efficient scheduling, with agency paralegals and court staff in daily contact on the case progress. Another county agency met with its judge to explore ways to reduce continuances. This county performs monthly check-ins on data for days in care. Still another has dedicated itself to making a concerted effort to review files more often so as to file for permanent custody early if necessary to establish timely finality.

## Evaluation

- The Supreme Court of Ohio Case collected data for use in assessing the timeliness of appeals related to permanent custody motions in 2003; data from 2006 currently is being collected for comparative analysis.
- Supreme Court of Ohio data from 2005 and 2007 indicate improvement in the timeliness of court decisions on motions for permanent custody. Although the number of new permanent custody motions increased from 1,094 in 2005 to 1,165 in 2006, the number of such cases pending beyond time guidelines decreased during that same time period from 165 to 115 (see *the 2005 & 2006 Ohio Courts Summaries*, available at <http://www.sconet.state.oh.us/publications/default.asp>).

## TPR Process Issues

### Statewide

- Although each of Ohio's 88 juvenile courts has been responsible for internally developing or procuring its own automated case tracking systems, the Supreme Court of Ohio's Technology Resources Division staff provides technical assistance at no cost to local courts on a case-by-case request basis. In addition, the Court's *Beyond the Numbers* initiative employs multidisciplinary training, including a series of facilitated exercises, allowing participants working in county teams to analyze current practice and design data-driven systemic improvements to be implemented locally.
- Respondents to Ohio's Statewide Assessment Survey indicated that common circumstances under which the State makes exceptions to filing for TPR include: continuation of services to parents who are making efforts to complete case plan requirements, child's placement with a relative, a child's wish not to be adopted, PC is not in the child's best interest due to the bond/relationship with the parent, or potential reunification is anticipated.
- ODJFS has implemented an oversight and evaluation system based upon a continuous quality improvement process, focusing on specific service delivery processes and client outcomes. This monitoring and oversight process, called CPOE, occurs at least every 24 months for each PCSA. Following an on-site review, the Department prepares a final report that is shared with the PCSA, the juvenile county and the county commissioners. The PCSA is then required to submit to the

Department, and implement, a quality improvement plan (QIP) to correct findings of noncompliance.

Compelling reasons may be documented in the SAR, case plan and/or court journal entry. 2006 CPOE record reviews for 84 of 88 counties (CAPMIS pilot counties were excluded) reflect the following findings:

- PCSAs summarized in writing the PCSA's recommendation regarding termination of parental rights for children who have been in the temporary custody of a PCSA for 12 or more of the past 22 consecutive months in 95.7% of the substitute care cases.
- No later than one year after the complaint was filed, PCSAs filed a written request with the court to terminate or extend for 6 months the order of protective supervision in 94.6% of protective supervision cases.

### **Factors Impacting TPR Process**

- **Timeliness:** Some Ohio Statewide Assessment Survey respondents indicated that the lack of timely availability of services to parents may cause delays in permanency decisions. When services are not completed due to the agency not linking in a timely manner or the provider not being able to schedule services on a timely basis, courts may need to grant extensions.
- **Appeals:** The Supreme Court of Ohio has implemented rules to streamline child welfare-related appeals, including appeals of orders terminating parental rights. These rules provide for Ohio's twelve appellate courts and the Supreme Court to give priority to such cases.

### **Strengths and Promising Approaches**

Respondents to the Ohio Statewide Assessment Survey reported several promising initiatives and practices:

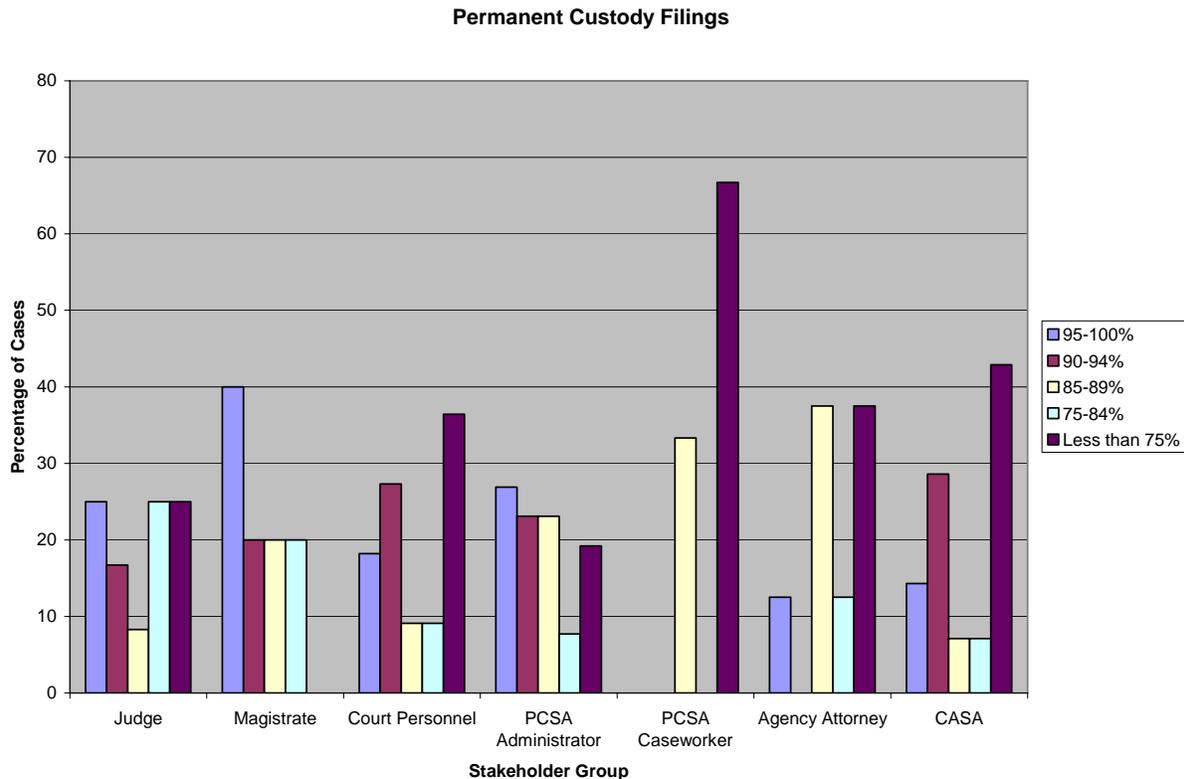
- One county has organized its work around teams, with magistrates and prosecuting attorneys assigned to work with cases assigned to a specific judge. The county reports that this approach appears to help minimize scheduling conflicts and increase accountability.
- Courts and agencies have taken thoughtful and innovative approaches to enhance the timeliness and outcomes of the permanent custody process. For example, one agency compiles a very large permanent custody book (usually 6-10 inches thick) for each child, compiling in one volume all of the necessary evidence for the prosecutor.
- Another county reported increased attention placed on permanency needs for older children, establishing a child-centered recruitment model which engages the child in the process of identifying a potential adoptive placement.
- The Supreme Court of Ohio's Advisory Committee on Children, Families and the Courts has appointed a Subcommittee on Legal Representation to study and provide recommendations on improving the availability and quality of representation for parents and children who come before Ohio's courts.

The following strengths were identified:

- **Collaboration:** Multi-disciplinary training opportunities offered jointly by the Supreme Court of Ohio and ODJFS have fostered county-level reform efforts to improve the timeliness and quality of permanency decisions.
- The Supreme Court of Ohio and ODJFS have created a data exchange between the two entities. A pilot project has been set up in Lucas County, with the goal being the provision of valuable shared case data for the courts and agencies.

## Barriers

- Inconsistency: As indicated in the chart below, Ohio Statewide Assessment Survey respondents reported widely inconsistent practices with regard to the filing of motions for permanent custody when children have been in foster care for 12 out of 22 months. Responses by stakeholder group indicate a range of timely filing from less than 5% all the way up to 95% of cases.



- Other Survey respondents noted as potential barriers:
  - The lack of availability of counsel for parents
  - The lack of timely availability of drug and alcohol and/or mental health services.
  - In cases where there is a significant bond/relationship with a parent who is unable to care for a child and Permanent Custody with the state is not in the child's best interest, a court may order a Planned Permanent Living Arrangement, rather than Permanent Custody. Concern was expressed about the possible overuse of this category of placement.

## Court/Legal System Impact

- Judicial officers have attended training by the Supreme Court of Ohio on the results of the last CFSR. These trainings, which included agency directors, informed judges on the CFSR process and outcome measures and how judicial actions may impact the measures.
- A report by the National Center for State Courts on the Ohio Court Improvement Program Reassessment indicated that, of the counties studied, those with the highest rate of timeline adherence had judges actively participating in case flow management. Even in jurisdictions with a large number of cases and magistrates, timelines were better met in jurisdictions where the judges

were concerned about the pace of case flow and actively involved in managing or monitoring the cases.

- One successful jurisdiction reported in the Ohio Assessment Survey that it has created a “culture of timeliness” with participants from court staff, to counsel, to social workers focused on meeting deadlines under the judge’s clear expectation that deadlines are to be met. This jurisdiction “has organized its work around teams, with magistrates and prosecuting attorneys assigned to work with cases assigned to a specific judge. This appears to help in minimizing scheduling conflicts and to increase accountability.”

## **Item 29: Notice of Hearings and Reviews to Caregivers.**

Ohio provides a process for notification and “right to be heard” for foster and pre-adoptive parents, and relative caregivers, that meets or exceeds the federal requirements.

### **Policy**

The following ORC Sections and OAC rules address notifications for foster and pre-adoptive parents, and relatives:

- ORC § 2151.424 requires the court and/or agency to notify the foster caregiver, relative, or prospective adoptive parent “of the date, time, and place of the review or hearing,” in relation to hearings or reviews on the child’s case plan, adjudication, custody, emergency medical treatment, disposition, or permanent custody. According to the statute, these individuals are permitted to present evidence at the review or hearing.
- ORC § 2151.416 requires foster parents to be included in each semi-annual administrative review meeting, at which they are given the opportunity to “submit any written materials to be included in the case record of the child.”
- OAC 5101:2-38-10 requires written notification of the time, date, and place of a semiannual review to be provided to pre-adoptive parents and other substitute caregivers (including relative caregivers).

### **Practice**

- Public Child Caring Agencies that are approved to operate pre-placement training programs for certification of pre-adoptive infant foster homes include in such training: courses addressing the legal rights and responsibilities of foster caregivers, including their right to notice of and the opportunity to be heard at hearings held in relation to children in their care. Some counties also provide foster parents with other written material advising of these rights.
- Foster parents are included in SARs of the children in their care. Joint meetings are held with agency representatives, parents/guardians, GALs, and foster parents to review the case plan to assess the health and safety of the child, the appropriateness of the placement, the progress made toward alleviating the conditions that brought the child into care, and the date by which it is anticipated the child will be able to safely return home or be placed for adoption or legal custody.
- Respondents for Ohio’s Statewide Assessment Survey report that typically the agency provides the required notification of SARs to foster parents, pre-adoptive parents, and relative caregivers. The court is typically responsible for providing notification of court reviews or hearings. The process for notification varies by county. Some counties provide formal written notice of reviews and hearings, others provide informal oral notification such as by telephone or in person, and some utilize a combination of both forms of notice. A few counties report that the agency typically notifies foster parents and pre-adoptive parents because of concern for preserving the confidentiality of their addresses. In those counties, the court typically provides notification to relative caregivers since confidentiality is generally less of a concern in those cases.
- Respondents for Ohio’s Statewide Assessment Survey report many positive outcomes of caregiver participation in reviews/hearings. The respondents comment that caregivers are able to provide valuable insight on the child’s progress at home, school, and in the community. Many respondents indicated that encouraging caregiver attendance and participation provides an important opportunity for caregivers to become informed about the case and also receive support from the court. Respondents also recognize that caregiver participation can help make the transition back home easier for the child. In addition, stakeholders comment that parents may become more comfortable when they meet the person taking care of their child, which may encourage open adoption.

Participation by relative caregivers can often assist with reunification efforts. Respondents recognize that many times the relative understands the complexity of the family's problem and can work with the agency to support the parent and build upon family strengths.

### **Changes in Performance/Practice**

- Juvenile Court judges refer to Ohio's *Dependency Docket Bench Cards* as a reference resource. These Bench Cards include a reminder to judges and magistrates to determine whether the foster parent, pre-adoptive parent, or relative caregiver was notified of the hearing, including the opportunity to be heard. There is also a similar reminder for all review hearings (if held by the court). Bench cards are available on the Supreme Court of Ohio's website at: <http://www.sconet.state.oh.us/publications/JCS/benchcards/>
- In June 2007, the Supreme Court of Ohio's Chief Justice issued a letter to all juvenile court judges, reminding them of the obligation to notify caregivers of any court hearings held with respect to a child in their care. (Please see ATTACHMENT at the end of this section)

### **Process to Ensure Collaboration**

- The Supreme Court of Ohio and ODJFS have initiated an ongoing collaborative relationship to facilitate systemic improvement for child abuse, neglect, and dependency cases. This partnership has increased system collaboration at the state and local level, improved communication between stakeholders, and provided increased training and information resources for stakeholders.

### **Evaluation**

#### **CQI Data**

- ODJFS has implemented an oversight and evaluation system based upon a continuous quality improvement process, focusing on specific service delivery processes and client outcomes. This monitoring and oversight process, called CPOE, occurs at least every 24 months for each PCSA. Following an on-site review, the Department prepares a final report that is shared with the PCSA, the juvenile court, and the county commissioners. The PCSA is then required to submit to the Department, and implement, a quality improvement plan (QIP) to correct findings of noncompliance.

CPOE record reviews from 2006 for 84 of 88 counties (CAPMIS pilot counties were excluded) reflect the following findings:

#### **Substitute Care Cases:**

- PCSA provided written notification including date, time and place for the SAR to the child's parent, guardian or custodian, pre-adoptive parent, the GAL and/or court appointed special advocate (if one has been appointed), substitute caregiver and the child's attorney, as applicable – 88% compliance
- If a court hearing took the place of a SAR, all participants were notified – 86% compliance.

#### **Protective Supervision Cases:**

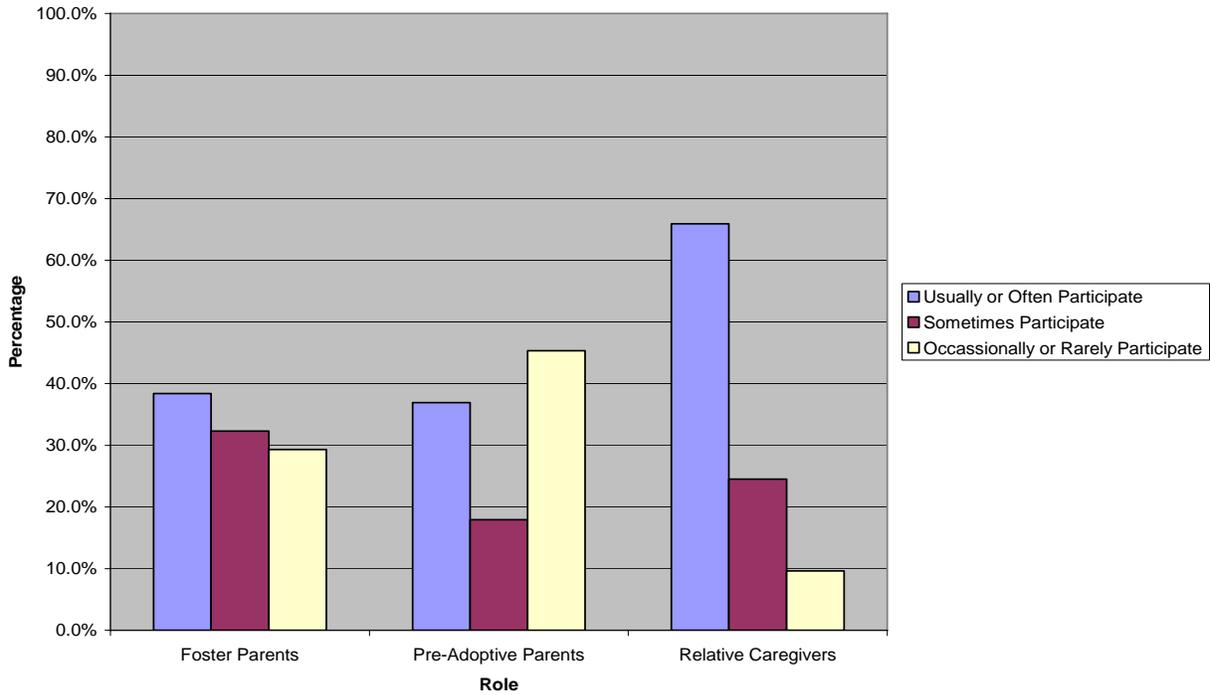
- PCSA provided written notification, including date, time and place, for the SAR to all individuals – 90% compliance.
- If a court hearing took the place of an SAR, all participants were notified – 86% compliance.

#### **Survey Data**

- Respondents for Ohio's Statewide Assessment Survey indicated that relative caregivers are the most likely group to participate in reviews and/or hearings. Counties report that 66% of relative caregivers usually or often participate. Respondents report pre-adoptive parents are the least likely group to participate, with 45% only occasionally or rarely participating. Foster parent participation appears to vary widely (22% usually participate; 18% often participate; 31% sometimes participate; 18% occasionally participate; and 12% rarely participate). When caregivers are given the opportunity to be

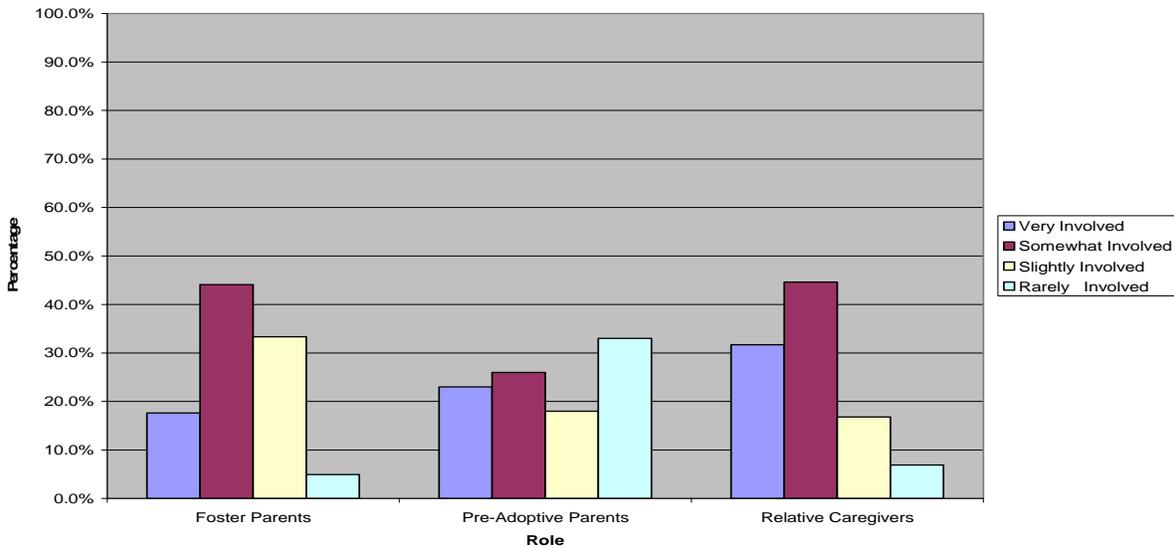
heard, typically the judge asks if any caregivers are present and if they have any information to share. Some counties encourage caregivers to provide either verbal or written statements at hearings.

**Participation in Reviews/Hearings**



- Respondents for Ohio’s Statewide Assessment Survey also reported on the level of involvement in the permanent custody process by substitute caregivers. Respondents indicated 63% of foster parents and 77% of relative caregivers are either very involved or somewhat involved in the process.

**Involvement in the Permanent Custody Process**



## **Strengths and Promising Approaches**

### **Statewide**

- Many counties have increased the use of Family Team Meetings/Family Group Conferences. These meetings are designed to gather agency representatives, parents, and caregivers and are typically held every 90 days. Counties report either initiating these meetings or improving the use and effectiveness of them since the previous Statewide Assessment.
- In 2006, the Ohio Youth Advisory Board was established, which is a statewide organization of young people (aged 14-23) who have experienced foster care. One of the Board's key accomplishments was publication of recommendations for improving the foster care experience for youth. Some of the relevant recommendations include: better training for foster parents, and encouraging foster parent involvement in meetings concerning the youth, including any meetings regarding reunification. The full text of the recommendations is available at: <http://www.pcsao.org/ohioyouth.htm>.

### **Local Snapshot**

- One county has a process in place where the agency notifies the court of all caregiver names and addresses, and the court is then responsible for providing written notice to them. This county also uses Family Group Conferences to inform caregivers of their right to be heard. Brochures are also provided to caregivers to help explain the process.
- To improve the notification process, a few counties report the practice of notifying parties of the next hearing date as part of the current hearing.

The following strengths were identified:

- Proper notice: Over 75% of respondents for Ohio's Statewide Assessment Survey indicated their court/agency is either very effective or usually effective in ensuring notice is given to caregivers.
- Collaboration: Multi-disciplinary training opportunities offered jointly by the Supreme Court of Ohio and ODJFS have fostered county-level reform efforts to improve practices with regard to giving proper notice.

### **Barriers**

- Some foster parents who responded to Ohio's Statewide Assessment Survey reported that they are always notified of, and participate in, reviews and hearings held concerning the children in their care. On other hand, some foster parents reported receiving notice only about half of the time, and others reported that they are never given notice.
- One barrier to greater participation is that notice forms are not necessarily user-friendly or provided in easily understood language. The most common reasons that caregivers are unable to attend reviews/hearings are the lack of time-sensitive scheduling and long travel distances, particularly in rural counties.
- Another barrier to increased notification and participation is the need for greater education about caregiver rights. Not only do caregivers need improved education concerning their rights, but system stakeholders need additional education on this issue as well. There appears to a lack of clarity among agency and court staff about whose responsibility it is to send notice. Some agencies candidly report that they do not encourage participation by caregivers. Respondents for Ohio's Statewide Assessment Survey report reluctance to provide caregivers an opportunity to be heard because they feel caregivers are biased against the parents, particularly if that caregiver anticipates adopting the child. Respondents comment that caregivers can sometimes become too zealous of an advocate for the child and need to be reminded of their role, as well as the agency's primary goal of reunification and honoring parents' rights.

ATTACHMENT



CJMoyer Letter  
2007-06-29.pdf

## **C. Quality Assurance System**

### **Item 30. Standards Ensuring Quality Services**

Ohio has developed and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of the children.

#### **Policy**

ORC § 5103.03 requires all institutions or associations that receive or desire to receive and care for children or place children, be certified by ODJFS. Certification is valid for two years. Requirements governing foster homes, adoptive homes, and institutions providing services to children are contained in OAC Division 5101:2, and include but are not limited to, Chapters 5101:2-5, 5101:2-7, 5101:2-9 and 5101:2-48. These requirements are consistent with the Council on Accreditation Standards governing foster care services (FC 16, FC 17), adoption services (AS 3), and group living services.

PCSAs, PCPAs and PNAs must be certified by ODJFS to perform the following functions:

1. Act as a representative of ODJFS in recommending family foster homes for certification. (Note: PCSAs are excluded from the certification requirement pursuant to ORC § 5153.16 since they are mandated to perform this function; however, they must comply with all OAC rules applicable to performance of this function.)
2. Act as a representative of ODJFS in recommending treatment foster homes for certification. (Note: PCSAs are excluded from the certification requirement pursuant to ORC § 5153.16 since they are mandated to perform this function; however, they must comply with all OAC rules applicable to performance of this function.)
3. Act as a representative of ODJFS in recommending medically fragile foster homes for certification. (Note: PCSAs are excluded from the certification requirement pursuant to ORC § 5153.16 since they are mandated to perform this function; however, they must comply with all OAC rules applicable to performance of this function.)
4. Act as a representative of ODJFS in recommending pre-adoptive infant foster homes for certification. (Note: PCSAs are excluded from the certification requirement pursuant to ORC § 5153.16 since they are mandated to perform this function; however, they must comply with all OAC rules applicable to performance of this function.)
5. Operate children's residential centers.
6. Operate group homes.
7. Operate or provide independent living arrangements (Note: PCSAs are excluded from the certification requirement pursuant to ORC § 5153.16 since they are mandated to perform this function; however, they must comply with all OAC rules applicable to performance of this function.)
8. Operate residential parenting facilities.
9. Operate children's crisis care facilities.

In addition, PCPAs must be certified by ODJFS to accept temporary, permanent or legal custody of children and to place children into foster care or adoption. PNAs must be certified by ODJFS if they will participate in the placement of children into foster homes or for adoption (OAC 5101:2-5-03).

#### **Practice**

ODJFS enforces rules adopted to protect the health, safety, rights and well-being of children in programs required to be certified. Approval of an agency's request for certification is based on a series of announced and unannounced reviews conducted by ODJFS. The reviews are utilized by ODJFS to

determine agency compliance with applicable requirements prescribed in OAC Chapters 5101:2-5, 5101:2-7, 5101:2-9, 5101:2-39, 5101:2-42, 5101:2-47 and 5101:2-48.

In 2007, ODJFS initiated the review of the Foster Care Licensing Standard Operating Procedures Manual (FCL-SOPM) to ensure consistency with statewide rules and regulations regarding agency certification. The FCL-SOPM is a compilation of procedures and guidelines governing the activities of the Foster Care Licensing Section. Since its inception in 1991, the SOPM has been the primary resource within the Section for:

- Standardizing the process of evaluating agency compliance and providing feedback on ODJFS findings;
- Identifying the variety of activities and duties encompassed within the scope of foster care monitoring;
- Addressing the commonalities faced by licensing staff when conducting monitoring activities;
- Promoting consistency amongst the section, field offices and licensing specialists;
- Incorporating new and existing laws, rules, and regulations, as required by the OAC and ORC, into monitoring and oversight activities;
- Establishing the necessary processes for getting required and routine work activities done;
- Maintaining consistency across field offices and amongst individual specialists;
- Addressing areas of noncompliance objectively;
- Providing timeframes for conducting reviews and other licensing business; and
- Achieving group consensus when handling systematic, internal and external changes.

In November 2007, ODJFS released the revised SOPM for use by all licensing staff when conducting oversight activities (that pertain to agencies that recommend foster homes for certification, approve parents for adoption and or care for children in residential settings).

### **Foster Care**

Agencies certified to recommend foster homes are required to evaluate each foster home at least annually and recommend recertification every 2 years. Prior to recertification of the home, the agency must: (1) conduct an assessment of the home that includes at least one home visit and an interview with all household members (except foster children) over the age of 4; (2) complete a safety audit of the home; and (3) verify completion of continuing training requirements.

Additionally, ODJFS monitors agency compliance with all foster care certification requirements by conducting a review twice during every 24-month certification period, not including the recertification inspection. At least one inspection is unannounced, and all inspections may be unannounced (OAC 5101:2-5-03). ODJFS also has the authority to inspect any foster home recommended for certification by a PCSA, PCPA, or PNA. Such inspections may be announced or unannounced. The Licensing Section, as a condition of its review of agencies certified to operate foster care programs, also conduct visits to a sample of over 250 foster homes each year to verify agency compliance with state statutes and regulations.

At the conclusion of each foster care review, findings are compiled and provided to the agency. If applicable, a Corrective Action Plan is developed by the agency and approved and monitored by ODJFS. Only when ODJFS has “passed upon an agency’s fitness” to operate a foster care program for children, will ODJFS issue a certificate to the agency.

### **Adoption**

ODJFS conducts on-site visits to PCSAs, PCPAs, and PNAs at least once every two years to review public and private agency adoption practices. This includes review of adoptive child and family case records. Agency policies are also reviewed for compliance. Agencies are responsible for direct monitoring of the adoptive homes.

### **Residential Centers and Group Homes**

Prior to initial certification of a facility, OAC 5101:2-5-02 requires on-site visits to prospective residential facilities. On-site visits are required to assure that the residential facility is compliant with all applicable OAC rules.

ODJFS inspects each agency at least twice during every 24-month certification period, not including the recertification inspection. At least one inspection is unannounced, and all inspections may be unannounced. Reviews entail examination of personnel records and children's records. Onsite inspections also include interviews with child residents to ensure their safety and provision of services. If violations are noted during an inspection, the agency is required to submit a corrective action plan. When an agency disagrees with any ODJFS finding, it can appeal the findings. ORC § 5103.03 gives ODJFS the authority to revoke a certificate if a PCPA or PNA has violated a statute or rule.

### **Changes in Performance and Practice**

During the 2002 CFSR, Ohio's quality assurance system was rated in substantial conformity, and performance on this item was rated as a strength.

Since the last CFSR, ODJFS started to issue a monthly report on its monitoring reviews of PCSAs, PCPAs, and PNAs. The report is disseminated to directors of the PCSA, PCPA, and PNA. Additionally, the following associations receive a copy of the report: Public Children Services Association of Ohio, Ohio Association of Child Caring Agencies, the County Commissioners Association of Ohio, the Ohio Job and Family Services Directors Association, the Family Services Council of Ohio, and the Ohio Family Care Association. The report contains a compliance review statement or summary of findings of noncompliance. A public information request can be submitted to receive a copy of the ODJFS Summary of Findings.

In November 2007 ODJFS revised and issued the *Foster Care Licensing Standard Operating Procedures Manual (SOPM)*. The SOPM is a compilation of procedures and guidelines governing the activities of the ODJFS, Bureau of Child Welfare Monitoring, Foster Care Licensing Section. Content includes procedures for: initial certification, recertifications/temporaries; issuing waivers and variances; issuing findings of noncompliance; provision of technical assistance; reviewing amendment and closure requests; responding to complaints and cross referrals; enforcement actions; the Licensing Review Committee; conducting additional visits; reviewing agency policies, plans, and training proposals; working with other entities who license facilities regarding illegal operations; conducting child fatality reviews, communication, and record retention.

On February 28, 2008, ODJFS convened a Serious Risk Rules Workgroup which is designed to:

- Define "serious risk" to children in care
- Evaluate rules based on the above definition
- Assign a risk score
- Identify possible consequences for failure to comply
- Develop recommendations for implementation.

The objectives of the Workgroup include:

- Standardize decision making about the type of licenses issued and/or type of approval granted to agencies.
- To take into account the relative importance of core rules.
- To ensure that rules are enforced consistently and uniformly.
- To improve the protection of children in care through equitable and efficient application and enforcement of licensing rules.

Participants included representatives from PCSAs, PCPAs, PNAs, and the Ohio Association of Child Caring Agencies (OACCA). The serious-risk rule method was instituted in the ODJFS, Child Care Licensing Section, and has been proven to be very effective.

It should be noted that Ohio Association of Child Caring Agencies (OACCA), in collaboration with Ohio University, has implemented an **OACCA Data Project** whose goals are to:

- Provide pilot agencies with common outcome measurement tools at intake, through treatment, and into post treatment;
- To collect data that will show the relationships between the presenting problems of children and programs/settings/services that illustrate the most effective methods of treatment;
- To produce individual agency data that is owned by that agency, which will benefit each agency participating in the Project (because each agency will receive analysis of its data to support improvements in programs and services it provides to children and families);
- To produce aggregate data, the analysis of which can be used for policy advocacy and to support any needed systemic changes at the state and county levels;
- To integrate, after the pilot test phase, the **Outcome Data Project** into all OACCA member agencies.

The following areas to be measured and data to be gathered include:

- **Clinical** data gathered at intake and discharge of the child.
- **Functional** data to evaluate the child's functional outcomes in the areas of education, employment, living setting, and involvement with law enforcement.
- **Effectiveness of Placement/Services** data.
- **Consumer Satisfaction** data (child satisfaction, caregiver satisfaction, public agency worker satisfaction).
- **Risk Factors.**

The pilot phase will extend over three years.

### **Strengths and Promising Approaches**

The above mentioned Serious Risk Workgroup and the OACCA Outcome Data Project will continue to ensure that Ohio's standards and regulations are designed to provide quality services to children, and protect their health and safety. Additionally, a new Administrator Orientation Training Curriculum was developed. Feedback on the training has been positive. It is hoped that the training will result in reduction in rule violations.

After a death of a child in a foster home there was a call for action to review all foster care and adoption regulations. The State Legislature, public and private children services agencies, ODJFS, other State Departments and advocacy groups across the state worked on making necessary changes to Statute (Refer to Item 41). This outpouring of concern reinforced the commitment of the State to ensure children are safe and healthy while in foster care placement.

ODJFS is working on updating its Automated Monitoring Tools.

Upon final roll-out of SACWIS, some of the monitoring activities can be done in the office prior to going on-site. This will provide staff with the ability and time to focus on technical assistance issues while on-site.

Other activities employed by ODJFS to enhance oversight of agencies certified by ODJFS to ensure the safety of children are listed below:

**Program Enhancements Employed by FCL to Improve Agency Compliance, Enhance Child Safety and Enhance Licensing Consistency**

<b>Action Steps</b>	<b>Current Status</b>
<p>Host quarterly meetings for agencies certified by ODJFS to share information pertinent to certification procedures, regulations and trends.</p>	<p>Quarterly meetings have been held at least three times each year since July 2005. Each meeting has included an evaluation component. All meetings have focused on statewide rules, policies and procedures. The most recent meeting was held on 10/15/07. FCL compiles the evaluation results from the meetings and overall comments have been positive.</p>
<p>Provide Technical Assistance for new agency administrators and agencies experiencing difficulty in meeting or maintaining minimal rule compliance.</p>	<p>FCL staff developed the New Agency/Administrator Orientation, piloted statewide in December 2007 and February 2008. The first orientation offered to agencies upon referral by FCL staff was held on April 1, 2008. Once released, orientation sessions for new directors and agencies will be offered throughout the year and made available on CD for FCL staff and licensed agencies.</p>
<p>Create a committee purposed to review recommendations pertaining to agency with chronic rule noncompliance, and facing Temporary certification, denial and or revocation.</p>	<p>The Licensing Review Committee reviews all proposed enforcement actions (i.e., temporary certificates, recommendation for proposed revocations and denials). A checklist was completed in April 30, 2005, and the new procedures implemented by the Licensing Section the following month. Agencies facing adverse decisions regarding certification are presented to a panel of peers and managers. The Licensing Review Committee convenes as needed.</p>

**Barriers**

A major barrier, at this time, is the limited number of licensing specialists in all five field offices.

### Item 31: Quality Assurance System

Ohio operates an identifiable quality assurance system that is in place in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided, evaluates the quality of services, identifies the strengths and needs of service delivery system, provides relevant reports, and evaluates program improvement measures implemented.

#### Policy

Over the past 20 years, Ohio's statewide child welfare quality assurance system has continued to grow and mature. The system currently meets or exceeds federal requirements, evaluates the quality of services, identifies service delivery system strengths/needs, provides relevant reports, and evaluates program improvement measures. ODJFS began systematic reviews of the 88 county public children services agencies (PCSAs) in May 1986. The first OAC rules, "*Child Protection Oversight and Evaluation*" (CPOE), were established in 1997, and were later consolidated into one rule in January 2005 (OAC 5101:2-33-02). CPOE is based on CFR outcomes and provides a platform for ODJFS and each PCSA to collaboratively evaluate service quality, share information, and develop improvement strategies.

#### Practice

On-site CPOE reviews occur in each PCSA every 24 months and consist of multiple methods including: case reviews, regular data reporting, staff discussions/technical assistance, and ongoing monitoring/feedback. Primary child welfare functions such as: assessment/investigations, in-home supportive services (no court order), court-ordered protective supervision, substitute care, and adoption are assessed to determine compliance with applicable rules and local progress in achieving national standards. Many PCSAs incorporate statewide monitoring review elements into their own individualized quality assurance programs. PCSAs commonly include caseworkers/supervisors in the on-site CPOE review process as a learning experience/training opportunity, share reviews/progress with multiple stakeholders including courts/service providers/advocates, and compare local results with peer agencies and the state as a whole. Following CFR Round 1, two statewide CPOE review cycles were completed: CPOE Stage 5 (between 7/1/2003 and 12/31/2004) and CPOE Stage 6 (between 10/1/2005 and 12/31/2007). CPOE Stage 6 timeframes were extended due to resource challenges/vacancies in the Bureau of Child Welfare Monitoring section.

In both CPOE Stage 5 and CPOE Stage 6, six Outcome Indicators were reviewed for compliance with the National Standard. Point-in-time PCSA results were reviewed (typically 6- and 12- month time periods) to compare local and state practices, as well as factors contributing to non-conformity. Statewide results for both review cycles are summarized below:

Outcome Indicator	National Standard	Stage 5 7/1/2003 to 12/31/04	Stage 6 10/1/2005 to 12/31/07
		Statewide Median	Statewide Median
Recurrence of substantiated/indicated child abuse/neglect within six months	6.1% or lower	6.1%	5.27%
Child abuse/neglect in foster care	0.57% or lower	0.00%	0.00%
Stability of foster care placements	86.7% or higher	87.59%	90.2%
Foster care re-entries	8.6% or lower	8.85%	9%
Length of time to achieve reunification	76.2% or higher	80%	82.25%
Length of time to achieve adoption	32% or higher	25%	32.26%

Based upon review findings and discussions with PCSAs, county specific Quality Improvement Plans (QIP) are implemented to improve performance. As a result of QIP activities, improvements were achieved in the following measurement indicators: abuse and neglect in foster care, stability of foster care placements, foster care re-entries, length of time to achieve reunification and length of time to achieve adoption. As part of the QIP process, PCSAs not achieving 90% compliance with particular review rule elements also developed specific QIP strategies.

**Approaches to Conducting Quality Assurance Activities**

Over the past 17 years, ODJFS has distributed county specific outcome indicator results. Some of the larger PCSAs also monitor and review regular outcome reports with staff, incorporate appropriate measures into staff performance objectives, conduct focus groups/surveys, and partner with service providers to assess county performance. The Bureau of Child Welfare Monitoring Section conducts regular on-site reviews for each of Ohio's 88 PCSAs. Reviews are conducted according to a rolling review schedule incorporating county specific one-year review periods and typically completed for each county every 24 months. It is important to note, interim activities (development and monitoring of the agency's QIP, technical assistance, agency self assessments, administrative and fatality reviews, county policy reviews, and other required reviews, such as MEPA, are also conducted between review cycles.

During the last statewide completed review cycle (CPOE 6 which ended in December 2007), specific case sample lists were pulled for cases identified as contributing to a county's non-conformity for particular measurement indicators. Case record reviews (up to 10 cases per county per indicator) were conducted and discussed with county staff. Common trends were noted and agency staff provided county specific information to augment case record reviews. Discussions provided rich information and insight to assist county and state staff in understanding performance barriers, and in turn, developing practical and sound improvement strategies. CPOE Stage 6 also included an intensive compliance review for specific rule elements function areas: assessment/investigation, in-home supportive services, protective supervision, substitute care, and adoption practice. A maximum of 32 random cases (depending upon county size) for each function area were reviewed to assess agency compliance. This means in larger counties, approximately 220 (or more) cases may be reviewed.

Ohio is proud of the state and county partnership in achieving and monitoring child welfare outcomes. It should be noted, each CPOE review cycle builds upon itself and performance is reviewed and compared over time. New elements are incorporated or modified depending upon rule changes, systemic initiatives, or prior learning/review results. A statewide comparison of common OAC review compliance elements covered in both CPOE Stages 5 and 6, reveal slight improvement for compliance in assessment/investigation, in-home supportive services, protective supervision, and substitute care practice elements.

<b>CPOE CASE RECORD REVIEW</b>		
<b>PROGRAM AREAS</b>	<b>CPOE STAGE 5</b>	<b>CPOE STAGE 6</b>
Assessment/Investigation	85%	87.4%
In-home Supportive Services	79%	82.3%
Protective Supervision	71%	77.5%
Substitute Care	79%	82.9%
Adoption	78%	76.2%

While SACWIS promises future access to improved statewide evaluation data, Ohio is currently making the transition from a paper/hard copy record system to a statewide electronic child welfare data environment. Standardized data entry capturing critical practice/service variables will enable Ohio to analyze trends and provide timely (and actionable) information to PCSAs. However, at this time, counties are struggling with day to day transition/practice issues and several counties have not yet implemented SACWIS. In recognition of the monumental changes SACWIS presents to counties and the state as a whole, CPOE Stage 7 compliance review targets critical functions (quality of agency visits). The review also incorporates technical assistance and review of the county's CAPMIS implementation (safety

assessments, safety plans, case reviews, family assessments, and reunification assessments), as well as a review of the latest CFSR measures and county specific results (as available).

It is anticipated SACWIS will change the face of future monitoring efforts. As county specific data will be accessible online, eventually less on-site record review time may be needed to assess rule compliance and county performance. Future on-site activities will likely incorporate CFSR Round 2 methods (such as interviews/focus groups with key stakeholders/families and electronic reporting functionality), as well as individual case review and targeted improvement initiatives.

### **Assessing Outcomes and Systemic Factors across the Continuum of Child Welfare Services**

CPOE Stage 5 and CPOE Stage 6 incorporated reviews across the child welfare service continuum (assessment/investigation, in-home voluntary services, protective supervision, substitute care, adoption services), as well as specific cases contributing to “non-conformity” for CFSR Safety, Well-being, and Permanency outcomes. Trends/patterns are noted during the case review process, and additional systemic factors are identified and discussed in collaboration with agency staff during a process referred to as the “Outcome Indicator Discussion.” Some PCSAs involve key stakeholders (courts, attorneys, advocates) in the discussion process. Identified factors are noted in the county’s final CPOE report and utilized to assist the agency in developing effective QIP strategies.

As previously mentioned, Ohio’s PCSAs implement individualized quality improvement programs. Larger agencies are quite sophisticated and have access to critical service data that may someday be accessible statewide (after SACWIS is fully operational). These agencies also facilitate child/family and service provider focus groups, implement regular surveys, and access evaluation/service data from contracted service providers. CPOE discussions incorporate feedback from multiple sources when determining factors contributing to non-conformity (as well as conformity). Often, these trends are eventually shared with other agencies (during QIP development) or as part of the ongoing collaboration with PCSA Directors. At times, QIP strategies, as well as promising practices from national research findings, are grouped by outcome measure and shared with PCSAs.

As mentioned in previous sections, Ohio is currently implementing several major reform initiatives (such as: ProtectOhio, Alternative Response, and CAPMIS). These initiatives include formal evaluation/research components which incorporate child welfare outcome measures (indicators and/or proxy measures) to determine effectiveness of systemic reform efforts. Ohio’s service providers (as previously mentioned in the OACCA Outcomes project, FAST mental health collaborative, and PCSA service collaborations) have incorporated measures to augment or replicate CFSR outcomes.

It is also important to note, CPOE monitoring staff also collaborate with PCSAs to conduct child fatality (and special administrative reviews upon request/approval) reviews. The process provides opportunities to review local service delivery, outcome performance, and service needs over the life of a case. Improvement recommendations are noted and in some cases, have resulted in local and/or statewide practice/rule modifications.

### **Utilization of Quality Assurance Reviews**

CPOE reports are public documents and are formally distributed to the PCSA executive director, county juvenile judge, and county commissioners and/or children services board president. Inclusion of the juvenile court and commissioners in the routine distribution of CPOE Stage 6 reports has led to greater participation from PCSA leadership, as well as community partners, in the quality improvement process. Many PCSAs and community partners expressed a greater understanding of the interdependencies of roles/tasks. Some PCSAs have utilized CPOE results to support levy requests, increase and/or modify staffing levels, develop staff performance objectives, increase training resources, modify agency policies, strengthen provider service contracts, implement practice changes, develop intersystem collaboratives, and obtain grant funding. Some PCSAs publish results in local media outlets to increase public education and accountability.

Many PCSAs include staff representatives (management and front line staff) from all areas of the organization (assessment investigations, voluntary, protective, substitute care, adoption, and quality

improvement sections) in the CPOE review process. The diverse representation assists staff in reviewing the interdependencies and long term outcomes of their work. While staff in some agencies have very targeted responsibilities (such as a caseload of youth in independent living or an adoption-only caseload), discussions have led staff to better understand their shared mission and mutual challenges. The discussions also assisted PCSA leadership in identifying potential changes in staff alignment and/or practices to better support services to families.

Systemic review results (regional and statewide) are also shared with PCSA directors (or designated staff) in regular PCSAO meetings. These discussions assist PCSA's in reviewing how effective the region is in meeting child welfare outcomes and compliance levels. These shared efforts create a transparent process to promote mutual learning and sharing of resources. In some counties, CPOE results and efforts are shared across service systems (mental health, education, health, and substance abuse) and with private service providers.

## **Regional or County Issues**

### **Local Snapshots**

Most PCSAs have internal program audits which rely on individual case reviews for rule compliance and quarterly reports for managers. Following CPOE Stage 6, Cuyahoga County Department of Child and Family Services, one of Ohio's three major metro counties, created a quality assurance department. Its staff was trained by the state quality assurance monitors who provide ongoing technical assistance.

Hamilton CDJFS, another of Ohio's three major metro counties, conducts client satisfaction surveys and child focus groups, receives input from its Citizens Advisory Committee, and has monthly contact with provider agencies. The agency also involves foster parent associations in monitoring/collaborative discussions. Hamilton has several intersystem collaborations that draw upon and utilize shared data systems to assess how services impact local child welfare service delivery. Finally, the agency has successfully utilized lawsuit findings/results to improve service delivery, particularly permanency/adoption outcomes.

Logan County has created "Keys to Success" to assist staff in remembering key requirements and resources for major child welfare functions (placement, visits, residential treatment, independent living). The material is presented on small laminated cards which caseworkers can carry with them conveniently. The agency has also successfully implemented child/family team meeting approaches to improve kinship services and reduce reliance on long term foster care placement options.

Montgomery County has successfully implemented public report cards and/or posters to assist staff in understanding how the agency is performing on key outcomes. The county has been very successful in reducing the numbers of youth in substitute care (PPLA) and has been working with service providers to improve placement stability outcomes.

### **Promising Approaches**

SACWIS implementation is a promising approach that will provide critical data to evaluate Ohio's child welfare service delivery. Incorporation of service delivery and cost data will improve planning efforts to assist Ohio's agencies in making better decisions. Access to statewide data will lead to better understanding and analysis of key variables impacting CFSR outcomes. These results can be shared with other service systems, legislators, and local communities to improve service delivery.

PCSAO's support in developing the foster care alumni association, Overcoming Hurdles in Ohio, (OHIO) Youth Advisory Board in February 2007, is a promising approach. The group exists to work with ODJFS by bringing the voice of former foster youth into the policy planning and child welfare monitoring functions. The group has provided initial recommendations for improving Ohio's child welfare system. Future involvement, discussion, and feedback from these young adults will strengthen Ohio's quality initiatives.

Ongoing collaborations (both locally and statewide) with key service providers and partners is an important promising approach. Significant milestones have been achieved in helping sister agencies (mental health, courts, schools, providers) understand and embrace CFSR outcomes and has changed

daily practice and policies in many Ohio communities. Shared training, service contracts, intersystem reform initiatives, and funding projects reflect a growing understanding among key constituents of the interdependency of service partners in helping Ohio's child welfare families achieve success.

### **Strengths**

Ohio's long history of working collaboratively with PCSAs in the CPOE monitoring process, as well as publishing regular data and outcome reports, is a strength. Many PCSAs invest considerable time and resources into the quality improvement process to monitor service delivery and effectiveness. Partnerships with juvenile court, service providers, and sister agencies have strengthened Ohio's child welfare system. Key collaborations such as Family to Family, FAST, Alternative Response, ProtectOhio, and the Governor's Summit reflect initiative and commitment inherent in Ohio's child welfare leadership and delivery systems.

ODJFS' implementation of Statewide Workgroups will improve service delivery outcomes. At this time, a "Serious Risk Rules Workgroup" consisting of foster, adoption, and residential provider agencies, PCSAs, ODJFS staff, and OACCA representatives are working together to develop a weighting system to reflect risk associated with licensing rules, implementation consistency, and child protection outcomes.

### **Barriers**

- The high number and complexity of ongoing rule revisions impact PCSA's ability to deliver services effectively. Considerable training and oversight are required to ensure staff are adequately prepared to implement and follow regulations. The pace of systemic reform efforts (SACWIS, CAPMIS, Alternative Response) and rule changes have challenged many PCSAs during the past year.
- Limited state staff in some of the field offices.

## **D. Staff and Provider Training**

### **Item 32: Initial Staff Training**

### **Item 33: Ongoing Staff Training**

### **Item 34: Foster and Adoptive Parent Training**

For each of the above mentioned items, this section provides a summary of the:

- Structure for the delivery of statewide training;
- Policies governing training;
- Provision and evaluation of training;

### **Structure for the Delivery of Training: PCSA Caseworkers, Supervisors, Foster and Adoptive Parents**

Initial and ongoing training for PCSA caseworkers, supervisors, foster and adoptive parents is provided through the state administered Ohio Child Welfare Training Program which has been in operation since 1986. This ensures consistency of training offered. ORC § 5153.30 mandates that ODJFS establish the Ohio Child Welfare Training Program (OCWTP) which shall provide:

- Training for PCSA caseworkers (initial and ongoing)
- Training for PCSA supervisors (initial and ongoing)
- Training for foster care and adoption assessors (initial and ongoing)
- Training for foster caregivers (initial and ongoing)

OCWTP also provides training to foster-to-adopt caregivers approved by PCSAs and to staff of State certified or approved facilities operated by PCSAs that care for children (ORC § 3107.013).

Training is offered through 8 regional training centers which are located at PCSAs throughout Ohio.

The OCWTP consists of six essential elements:

#### **1. The Use of a Universe of Competencies**

A comprehensive listing of all the knowledge and skills required for staff to do their jobs drives the OCWTP competency-based training system. This list of competencies is the criteria used to assess individual training needs, and also guides the development of all training courses and curriculum content.

#### **2. The Utilization of an Individual Training Needs Assessment (ITNA) Instrument**

The Individual Training Needs Assessment (ITNA) instrument identifies each worker's training needs. Completed jointly with one's supervisor, the training needs assessment is completed once every two years (ORC 5153.12.5). ORC requires PCSAs to collect and maintain data from ITNAs and forward the data to the regional training centers (RTC). The ITNA also provides the RTCs with needed information to assist in scheduling training.

#### **3. A Statewide System for the Delivery of Training**

The eight Regional Training Centers assess regional training needs, and provide training to meet the highest priority needs of managers and staff in their region. Training is developed and delivered based upon ongoing ITNA data and other assessments of staff in the region. Quarterly training calendars publicize training activities throughout the region.

#### 4. Development of and Certification of Competent Trainers

OCWTP trainers are carefully screened, trained, and certified. They must have the appropriate course content knowledge, the necessary adult training skills, and the ability to promote culturally-competent practice. Trainers must maintain a minimum average performance score to continue training for the OCWTP.

#### 5. Transfer of Learning

"Transfer of learning" refers to the utilization of knowledge and skills learned by trainees in training and used back on their jobs. Supervisors are expected to mentor, coach, and monitor their subordinates work on a daily basis. Training resources supplements or offers any gaps of learning or new skills to be acquired as a promotion of skill based competency efforts. As a state supervised and county administered system, Ohio is unable to directly monitor or measure the effectiveness of the transfer of ongoing learning process between the employee and their supervisor(s). Ohio will examine with OCWTP ways in which monitoring of the actual transfer of learning process that occurs in the county can be strengthened.

#### 6. A Computerized System for Administration, Monitoring, and Quality Control

The OCWTP uses a computerized software program, TrainTrack™, for the administration and tracking of comprehensive, competency-based in-service training. The system maintains training records for staff, tracks trainer performance, and generates reports necessary for training program administration and monitoring. This helps to assure accountability and high quality training.

Upon completion of each training, at the eight regional training centers, a designated staff member has the responsibility to enter the completion of a course and its hours into the Train Track database. Both supervisors and the worker has access to the worker's individual training record, and are able to obtain these reports through the county agency's training system.

#### Workshop Offerings

The OCWTP offers over 4,000 workshops to approximately 70,000 training participants each year.

CY YEAR	# of Workshops	# of Training Days	# of Participants
2006	4,699	4,120	70,588
2005	4,867	4,147	79,511

#### Updated Information on the OCWTP Since the First CFSR

The first Child and Family Service Review conducted in 2002 determined that Ohio was in substantial conformity with the systemic factor: Training. Specifically, Ohio's training initiatives were found to be a "strength" for all Staff and Provider Training items. Since the first Child and Family Services Review, the OCWTP has many new and/or expanded program initiatives (including revised curricula that addresses issues from Ohio's first Program Improvement Plan) and taken steps to greatly enhance the technology and other supports for the statewide training system. These changes are summarized below under two categories: New and/or Expanded Program Initiatives and Technology and Other Training System Supports.

## New and/or Expanded Program Initiatives

### 1. Evidence-Based Practice

In 2005 an OCWTP work team was created to educate the training system – stakeholders, trainers, curricula writers, and evaluators - about EBP; to make recommendations for necessary policy and program changes; to collaborate with the members of the University Consortium; and to develop EBP resources for trainers, Regional Training Centers, and county child welfare agencies.

The Evidence-Based Work Team also:

- Published a CommonGround newsletter (the OCWTP newsletter primarily for trainers) devoted to EBP, which included an overview of Ohio's two child welfare research consortiums; a listing of EBP resources for trainers, and a summary of the rapid assessment findings on re-entry issues.

### 2. Cultural Competence Task Force

The Institute for Human Services (HIS) created the Cultural Competence Task Force to address, in part, the cultural issues impacting the OCWTP and the child welfare system. To date, the Cultural Competence Task Force has:

- Completed a major review and edit of revised Caseworker and Supervisor/Manager Core modules to strengthen the integration of cultural issues;
- Created information relating to cultural diversity and competence to the new OCWTP Trainer Handbook and Trainer Policies;
- Analyzed demographic data and created demographic maps specific to each of the eight RTCs so that training coordinators and trainers have a better understanding of racial, ethnic, religious, and immigrant diversity patterns throughout the State and in their region;
- Provided the measurements used on the OCWTP workshop evaluation surveys to assess if workshops increase participants' awareness of the role culture plays in child welfare;
- Recruited and provided technical assistance to new trainers who offer workshops with cultural content; and
- Organized the 2007 Trainer Event with the theme of *Diversity Among Us*. Over 135 trainers and OCWTP stakeholders heard Dr. Ruth McRoy's keynote address on *Disproportionality in Child Welfare*. Variations on the diversity theme continued in the afternoon sessions, which included: *Ethics & Cultural Awareness*, *Making MEPA Work*, *Training in a Diverse Environment*, *Training with the Immigrant and Refugee in Mind*, *When Values Collide*, and *Avoiding Cultural Faux Pas in Your Training*.

The Cultural Competence Task Force, with input from key stakeholders, is in process of revising the current four day OCWTP Culture and Diversity curriculum. This will be ready to field test during SFY 2008/2009.

### 3. University Partnership Program (UPP)

The UPP is a partnership comprised of ODJFS, PCSAO, the OCWTP, and seven of Ohio's public universities – Akron, Cincinnati, Cleveland State, Ohio University, Toledo, Wright State and Ohio State. There are current plans for Youngstown State University to join UPP for SFY 2009. In exchange for tuition assistance, UPP students take specialized child welfare courses (based on the OCWTP Caseworker Core curricula), while completing an internship at a PCSA, and must gain full-time employment at an Ohio PCSA within ninety days of graduation. The program has been in operation since 2002. During the 2005-2006 academic year, 31 BSWs and 2 MSWs graduated state universities and were subsequently hired by 13 PCSAs.

In 2007, a process evaluation of the Ohio Title IV-E University Partnership – Child Welfare Education Program Evaluation was conducted by The Ohio State University – College of Social Work. A copy may be found at: <http://www.ocwtp.net/PDFs/UPP/UPP%20Evaluation%20Report%20June%202007.pdf>.

During June 2008, all UPP partners will meet with Ohio's Statewide Training Coordinator to move forward with strategic planning for 2009 to strengthen their programs for current and future child welfare students.

#### **4. Revised Core**

In October 2007, OCWTP completed an extensive revision to both Caseworker and Supervisor Core. The OCWTP Core Curricula is standardized so that new staff – both caseworkers and supervisors/managers - throughout Ohio receive consistent foundation-level training. Core workshops provide training in the fundamental knowledge and skills necessary for child welfare casework practice and supervision.

*Caseworker Core* modifications to training for new caseworkers since the previous CFSR include:

- Curricula content has been updated and training delivery methods revised.
- Core has been changed from five Core Modules that included 15 days of training to eight Core Modules that include 17 days of training; more Modules mean fewer three-day training sessions.
- Pre-training readiness activities now precede four Core Modules.
- Skill-building sessions, called Learning Labs, are now offered following three Core Modules – *Engaging Families, Assessment, and Investigative Processes*. Learning Labs allow caseworkers to practice applying the knowledge and skills learned during the Core Modules.
- Enhanced content on CFSR-related subject matters was added.

*Supervisor Core* modifications for new supervisors and managers since the previous CFSR include:

- A new two- day Module has been added to address casework supervision.
- Managing through the use of data has been included in several Modules.
- Curricula content has been updated and training delivery methods revised.
- Core has been changed from four Core Modules that included 12 days of training to six Core Modules for 12 days of training (there are no longer any three-day Core trainings for supervisors).
- Pre-training readiness activities now precede five of the Core Modules.
- Post-training exercises to help reinforce learning have been created for two of the Modules.
- Enhanced content on CFSR-related subject matters was added.

#### **5. Orientation and Readiness**

The OCWTP has developed competencies and content outlines for new employee orientation and new caseworker, supervisor, and manager readiness training. Orientation is designed to help orient new staff to the field of child welfare and to their agency. The readiness courses are designed to help orient new caseworkers, supervisors, and managers to their new jobs.

#### **6. Training on the Comprehensive Assessment Planning Model – Interim Solution (CAPMIS)**

CAPMIS training is provided through the OCWTP regional training centers by OCWTP approved trainers. To date, over 2,400 staff across the state have been trained. During 2008 – 2009, ODJFS will work with OCWTP to provide CAPMIS advanced training topics for agency supervisors and caseworkers. An evaluation of CAPMIS training was conducted during September – October, 2006, with a final report issued in January 2007. The evaluation report provided an analysis of CAPMIS workshops offered during September – October, 2006. The report recognized during the September and October, 2006 workshops, ODJFS had extensively revised the CAPMIS curriculum in response to feedback from both internal and external stakeholders. Therefore, the report focused mainly on data that would help inform PCSAs and ODJFS on CAPMIS follow-up and implementation issues, rather than on suggested changes to curriculum content.

#### **7. CAPTA**

The OCWTP spearheaded a CAPTA Ad Hoc Work Group that was instrumental in writing guidelines on protecting parents' rights during investigations, and in writing the document: *Guidelines For Implementing CAPTA 2003 Amendments on Conducting Child Abuse and Neglect Investigations*, explaining revisions in the Ohio Administrative Code regarding investigations of child maltreatment. The Work Group also helped

oversee the publication of the guidelines in the *APSAC Advisor*, a national publication of the American Professional Association on the Abuse of Children.

## 8. Foster and Adoptive Parent Training

In 2004, the OCWTP was legislatively mandated to assume responsibility for training foster parents. This new training population almost doubled the number of participants served by the OCWTP. By law, all new family foster caregivers are mandated to complete both preplacement and continuing training requirements. Each caregiver must complete training commensurate with the level of fostering they provide:

Level of Fostering	Preplacement Training Hours Required	Continuing Training During 2 Year Certification Period Required
Infant-Only Foster Care	12	24
Family Foster Care	24	40
Specialized Foster Care	36	60

The preplacement or continuing training topics must reflect the training needs of each foster caregiver, as identified by his or her recommending agency. In 2006, the OCWTP completed five of nine curricula planned for the *Foster Care Fundamentals* training series for caregivers. The completed courses address: crisis de-escalation; discipline; working with primary families; attachment; and the effects of fostering on the caregiving family. The four remaining curricula will address child development, caring for children who have been sexually abused, cultural issues in placement, and the foster caregiver's role on the child welfare team.

Also in 2006, for the first time online courses were offered to foster parents through Foster Parent College, a collection of self-directed courses on a range of topics important to caregivers. Initially, the OCWTP purchased 125 training units that were distributed to the RTCs for foster parents. Feedback from foster parents who participated in the online courses revealed that foster parents were glad to have an opportunity to learn important information in a timely manner without having to leave their own homes. The RTCs have purchased additional slots to offer Foster Parent College courses to foster parents.

In summary, most foster parents felt the online courses were very helpful, easy to use, and convenient. They appreciated the ability to receive "just in time" training rather than waiting for a workshop for a special need. Very experienced foster caregivers found the information to be less helpful. Before and after questions indicate significant knowledge gained as a result of the online learning.

All required courses are not currently offered online. The Institute of Human Services contractor is currently working with Foster Parent College to put the Pre-service curriculum online. This process will probably take up to three more years before full implementation occurs.

## 10. New or Revised Curricula for Ohio's Foster and Adoption Professionals

Foster and Adoption Assessor training is required for all social workers providing adoption services and for social workers who complete foster care home studies. Individuals who conduct adoptive/foster family assessments, counsel birth families regarding permanency decisions for their children, or supervise adoptive placements must complete the six-day Tier I Foster and Adoption Assessor Training within 12 months of taking the first Assessor course; and complete Tier II Assessor training within three years of completing Tier I.

## Technology and Other Training System Supports

### **1. Updated OCWTP Website**

In 2007, the OCWTP website was extensively revamped to be more user-friendly and to:

- Provide more information to trainers (their roles and responsibilities, trainer policies and procedures, resources, important web links, all issues of Common Ground, etc.);
- Provide more information to trainees (staff training requirements, overview of training Modules, PDF versions of skill building materials, checklists, tool kits, etc., used in training workshops, and links to all eight RTC training calendars); and,
- Allow each of the eight RTCs to update their sections of the website.

The OCWTP website is also used to provide updates on the development and implementation the new OCWTP Learning Management System, discussed below. The OCWTP website is [www.ocwtp.com](http://www.ocwtp.com).

### **2. Learning Management System**

The OCWTP is gearing up for a projected 2008 rollout of its first ever online learning management system (LMS). The official name for the system replacing Train Track will be E-Track and it is designed to allow:

- OCWTP trainees instant access to their individual training records and be able to: search and register for training; launch OCWTP-specific online learning modules; complete online individual training needs assessments with their supervisor; access lists of available learning interventions and resources to meet their needs; complete online training evaluations; and, receive digital certificates after completion of training.
- OCWTP trainers instant access to their calendar of currently contracted trainings; and the ability to: view their own individual trainer development plans and search and register for online and classroom trainer development workshops.
- RTCs the ability to: gather instant aggregate training needs data to track trends and plan future training; create, edit, populate, and track learning interventions online; and to instantly access trainers who are available and approved to train a specific workshop.
- The state training coordinator the ability to develop and launch online learning modules and blended learning; to specifically monitor the ongoing development of its vast trainer pool; to track overall training trends within counties, regions, or across the state; to collect evaluation data specific to individual workshops; and, to streamline the release and delivery of pre- and post training resources.

### **4. Trainer Development**

The OCWTP maintains an active trainer pool of over 320 trainers. In 2006, the OCWTP created and began using the Trainer Listserv – regular email updates to trainers on initiatives, policies, procedures, research, etc.

### **5. New Technologies**

The training program has invested in several new technologies to both support learning during training and to help improve the efficiency of OCWTP operations. These new technologies include:

**Classroom Performance System** - The OCWTP uses the Classroom Performance System (CPS) in training workshops, during OCWTP monthly Steering Committee meetings, and during strategic planning sessions. With CPS, each training participant or OCWTP committee member has a wireless response pad to respond to questions that are embedded in a PowerPoint presentation; responses are automatically gathered and recorded and data is instantly available. CPS is easy to learn, ensures 100% participation, collects instant response data, and creates an interactive environment that helps ensure participants are engaged in discussion and actively learning. Feedback from Caseworker Core training

participants on the use of CPS in Core training has been very positive. In 2008, CPS will be incorporated into the Supervisor/Manager Core Modules.

**SurveyMonkey** - SurveyMonkey is an online survey that has been used in a myriad of ways, including: to collect feedback data from training participants when they are back in their agencies after workshops; to evaluate online courses; to collect data from OCWTP Steering Committee members on strategic planning agenda items and draft policies and procedures; and, to collect culture and diversity information from OCWTP trainers.

**GoToMeeting** – A recent investment by the OCWTP, GoToMeeting is an online meeting and collaboration tool beginning to be used:

- in place of monthly face-to-face meetings that require participation by RTC staff, and others, from around the state. Using GoToMeeting saves travel time and reduces costs while still achieving results.
- to train trainers on new workshop content and how to use the Classroom Performance System.

GoToMeeting will be a very valuable tool in helping with the rollout of the new LMS across the state.

## Evaluation

The OCWTP has collected workshop satisfaction data since 1987. On a five point likert scale, the average ratings are found in the table below.

CY YEAR	Total # of Workshops	# of Staff Workshops	# of Foster Care Workshops	# of Training Days	# of Participants	Average Training Evaluation Score on a 5-Point Scale
2007	4,707	1,784	2,923	3,986	70,054	4.70
2006	4,699	1,868	2,831	4,120	70,588	4.69
2005	4,867	1,735	3,132	4,147	79,511	4.61

Evaluation results are used to make any revisions to Core Curriculum, measure the knowledge and skills learned by participants as a result of attending training, and inform OCWTP of trainer performance.

- Caseworker and Supervisor/Manager Core. Activities included:
  - Conducting pre-and post testing and focus group sessions in 23 Caseworker Core and Supervisor/Manager Core workshops; and,
  - Collecting demographic data on several hundred training participants to help analyze pre-and post test results. Many of these activities will continue into 2008.

Core training utilizes pre and post tests to determine skill knowledge and acquisition. Learning labs are available for a number of workshops in the core series. Attendance within the labs is not mandatory, but is strongly recommended. The labs are designed to help participants transfer what was learned in the workshop toward a particular skill through practice and application.

- Knowledge and Skills - In 2002, the OCWTP adopted a rigorous evaluation framework to measure the knowledge and skills learned as a result of attending training, and then assess the application of the knowledge or skills on the job. The OCWTP has been developing a comprehensive evaluation methodology, including field testing instruments and processes necessary to establish a “chain of evidence” - measuring learning from a workshop and then assess the transfer of learning in the workplace. In addition, further develop instruments and processes to evaluate online learning.

In this SFY, Ohio will continue to prepare to maximize the data reporting capabilities of the new LMS. This will require:

- Retooling and field testing evaluation surveys. The LMS allows the OCWTP to collect evaluation data on individual workshops (now the OCWTP uses only two different evaluation forms for all 4,000 + workshops.). Evaluation surveys are being developed for specific workshops. For example, each Caseworker and Supervisor Core workshop will have an individual evaluation survey that includes the learning objectives for that workshop.
- Although about half of all evaluation surveys will continue to be completed hard copy after the workshop after the LMS is in place, about 2,000 workshops will be evaluated back in the agency using online surveys launched through the LMS. OCWTP has been reviewing the research on response rates and quality of comments when a system moves from a paper based evaluation system to an online evaluation system.

The OCWTP routinely collects feedback from county and state child welfare professionals, PCSAO representatives, the OCWTP Steering Committee, and university-based researchers on evaluation methodologies to ensure the training program strikes the right balance between what is required in field-based evaluation research and what is feasible and practical in a statewide training system serving 88 county agencies. This feedback resulted in the major modifications made to caseworker and supervisory core.

### **Strengths**

Although Ohio is state supervised and county administered initial and ongoing training is provided through the state administered Ohio Child Welfare Training Program which has been in operation since 1986. This has ensured consistency of training offered, especially for initial training for caseworkers and supervisors.

The required use of the *Individualized Training Needs Assessment* also provides a standardized method for assessing on-going staff training needs. Additionally, trainers used by the OCWTP must be approved by the program for the respective workshops they teach.

### **Additional Training Needs**

The following areas have been identified as training needs for PCSAs:

- Kinship Provider Training
- Resources for Trainers RE: Disproportionality Impacting African American children in out-of-home care
- Alternative Response
- Training Competencies to Meet COA Standards

### **Structure for the Delivery of Training of Foster Caregivers Certified by Private Agencies**

ORC § 5103.038 requires PCPAs or PNAs that wish to operate a preplacement or continuing training program for foster caregivers submit a proposal to ODJFS which outlines the program. Upon ODJFS approval of the proposal, the agency's training program is valid for two years following the year the proposal for the program was submitted to ODJFS.

The proposal shall include the following information:

- The type of training programs to be offered and the projected outcomes for each program;
- Preplacement and/or continuing training that will be offered (description of the course, course title, target audience, course learning objectives, training hours, course outline, qualifications of the trainer);
- Organization and structure of the training program;

- Policies and procedures for assessing foster caregiver training needs and utilizing foster caregivers continuing training plans as the basis for determining course offerings and frequency of course offerings;
- Policies and procedures for developing and evaluating courses;
- Policies and procedures for selection and evaluation of trainers;
- Policies and procedures for notifying agencies and foster caregivers of courses offered by the training program;
- Policies and procedures for accepting applications for training courses and scheduling training;
- Policies and procedures for maintaining training records, tracking attendance at the training by course offering and by foster caregiver, including notification to the agency of foster caregiver attendance; and
- Policies and procedures for a written evaluation of the effectiveness of the training program.

### **Other Required Training**

If PCSA, PCPA, or PNA workers or supervisors are licensed social workers or licensed independent social workers they are required to comply with training requirements established by the Ohio Counselor, Social Worker and Marriage and Family Therapist Board. Failure to comply with training requirements will result in suspension of their license or imposition of other related sanctions.

## **Item 32. Initial Staff Training**

### **Policy**

#### **Caseworker Training**

As of 2006, ORC § 5153.122 increased new caseworkers mandated training to 102 hours of training during the first year of employment. Previously 90 hours of training during the first year of employment was required. In addition, workers are also required to receive 12 hours of domestic violence training within two years of hire.

#### **Supervisor Training**

New supervisors/managers are required to complete 72 hours of Core training within the first 18 months of beginning work (OAC 5101:2-33-56).

### **Practice**

#### **Caseworker Training**

Each county child welfare supervisor handles the rate of assignment and tasks associated in the management of intake and/or ongoing cases. Child welfare supervisors serves an integral role in how and when cases are given to new staff. This may include co-mentoring or working closely with another peer or more seasoned employee. However, this is based upon the structure, design, caseload service needs, and managerial input of the local leadership team. Some Ohio counties have an internal orientation or training program, which varies from six to sixteen weeks, to orientate and prepare new staff for the challenges of child welfare. During this time, staff may complete a portion of core training before being assigned to a permanent work team in designated areas and may experience exposure to other key stakeholders in their communities. Ohio does not have a statewide policy or rule on the standardization of what training must be completed before a caseworker would assume responsibility for a caseload.

Training methods may vary across the eight regional sites, but the common theme for a training unit is for a closely guided and mentoring approach, exposure to community resources, observation and role play practices; assessment and writing modules; and other activities for those employees who share common challenges inside their assigned groups. Inside the training unit, the immediate supervisor can further assess the skill levels of the workers, determine any outstanding training needs, and may allow for recommendations for future assignment within specified work groups. For example: a trainee may have been pre-assigned to an ongoing foster care team. However, the training supervisor, after working closely with that individual may offer additional insight to determine that the individual is more suited for perhaps intake and investigation. For those county agencies without a training unit, supervision and ongoing training needs are determined by the agency leadership, ideally in dialogue with the employee. The methodology for supervision may also vary according to agency's resources or other developmental needs of the employee.

Caseworkers are required to comply with first year training requirements through enrollment in OCWTP core training. Caseworker Core Modules are:

Module 1: Family-Centered Approach to Child Protective Services (12 hours)  
Pre-Training: Child Welfare Values and Principles Put into Action  
Post-Training Assignment: Assessing Factors Correlated with Maltreatment

Module 2: Engaging Families in Family-Centered Child Protective Services (6 hours)  
Learning Lab: Engagement Skills (3 hours)

Module 3: Legal Aspects of Family-Centered Child Protective Services (12 hours)  
Pre-Training: Legal Aspects of Child Protective Services

Module 4: Assessment in Family-Centered Child Protective Services (12 hours)  
Learning Lab: Interviewing Skills for Assessment (6 hours)

Module 5: Investigative Processes in Family-Centered Child Protective Services (6 hours)  
Learning Lab: Interviewing Skills for Investigations (6 hours)

Module 6: Case Planning and Family-Centered Casework (18 hours)  
Pre-Training: Case Planning in Child Welfare

Module 7: Child Development: Implications for Family-Centered Child Protective Services (18 hours)  
Pre-Training: Child Development  
Post-Training: Using Tools to Assess Development

Module 8: Separation, Placement, and Reunification in Family-Centered Child Protective Services (18 hours)

### **Supervisor Training**

Throughout each regional training center, county PCSAs vary in their training approach and plans for new supervisors. Most if not all, work from a standard "on the job" training model. Some of training sites have "training units," for new employees. For those employees who are not serving in a casework role, their time inside of a training unit might be shortened in comparison to a caseworker. Some units may go from 30 – 90 days under a highly structured and supervised model. Inside training units, both individual and group supervision of cases may occur.

Supervisors are required to complete their initial 18 month training through OCWTP by enrolling in the following Supervisor Core Modules:

Module 1: Casework Supervision (12 hours)  
Pre-Training: Child Welfare Values

Module 2: Leadership in the Child Welfare System (12 hours)  
Pre-Training: Effective Leadership, You Are Part of the System, and Taking the View From the Balcony  
Post-Training: Transactional and Transformational Leadership  
Post-Training Email Prompt: Strengths Based Questions

Module 3: Improving Staff Performance (12 hours)  
Pre-Training: Staff Strengths and Barriers to Performance  
Post-Training email prompt: What Have You Done S.M.A.R.T Lately?

Module 4: Leading the Unit Team (12 hours)  
Pre-Training: Characteristics of an Effective Team

Module 5: Improving Unit Performance (12 hours)

Module 6: Professional Development of Staff (12 hours)  
Pre-Training: Module Competencies

## **Monitoring**

PCSAs are responsible for maintaining all employees' education and training records and notifying their designated Ohio Child Welfare Training Program Regional Training Center of new caseworkers and supervisors hired by the agency in order for the regional training center to establish a training history of their employees. PCSAs are required to ensure completion of ITNAs and submit ITNA data to their respective RTC.

If staff fail to comply with training mandates, such non-compliance would be handled on an individual county basis.

### **Item 33: Ongoing Staff Training**

The State provides for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the service included in the CFSP.

#### **Policy**

##### **Caseworker Training**

Caseworkers are required to complete 36 hours of annual in-service training (OAC 5101:2-33-55).

##### **Supervisor Training**

Supervisors are required to complete 30 hours of annual in-service training (OAC 5101:2-33-56).

#### **Practice**

##### **Caseworker Training**

At a minimum of once every two years the caseworker and supervisor is responsible for working with the caseworker to determine the caseworker's training needs. This is done through completion of the *Caseworker Individual Training Needs Assessment* (Refer to the Introduction of this section for information on the Individual Needs Assessment). Training needs are based on:

- Prior background and experience of the caseworker;
- Job duties and responsibilities of the caseworker;
- Competencies that the caseworker and supervisor identify which the worker needs to attain.

After reviewing a caseworker's training needs, the caseworker and supervisor identifies the training/courses in which the caseworker will need to enroll. On-going training requirements can be fulfilled by attending a variety of training events. These training events may include training offered by any of the following:

- OCWTP
- ODJFS
- Accredited colleges or universities when the course work is relevant to the worker/supervisor's assigned duties
- Seminars, conferences, or workshops

##### **Supervisor Training**

At a minimum of once every two years the executive director or the designated person and the supervisor is responsible for working with the supervisor to determine the supervisor's training needs. This is done through completion of the *Supervisor's Individual Training Needs Assessment* (Refer to the Introduction of this section for information on the Individual Needs Assessment). Training needs are based on:

- Prior background and experience of the worker;
- Job duties and responsibilities of the supervisor;
- Competencies that the supervisor and the immediate supervisor identify the supervisor needs to attain.

After reviewing a supervisor's training needs, the supervisor and the immediate supervisor identifies the training/courses in which the supervisor will need to enroll. In-service training requirements can be

fulfilled by attending a variety of training events. These training events may include training offered by any of the following:

- OCWTP
- ODJFS
- Accredited colleges or universities when the course work is relevant to the worker/supervisor's assigned duties
- Seminars, conferences, or workshops

The following workshops are available to caseworkers and supervisors through OCWTP to meet their ongoing training requirements:

#### Specialized Child Welfare Practice

This category includes knowledge and skills needed by staff who work in special program areas or with particular client populations. Training content includes both basic and advanced level coursework. Workers can attend the following specialized training when indicated on the Individual Training Needs Assessment.

**Adoption and Foster Care**  
**Working with Adolescents**  
**Sexual Abuse**  
**Intake and Assessment of Risk**  
**Legal Issues in Child Welfare**  
**Services to Single Parents**  
**Family-Centered Assessment/Intervention**

#### Related Casework Practice

Related workshops are developed based upon data identified from Individual Training Needs Assessment data. Following is a list of related casework practice workshops:

**Treatment Strategies and Interventions**  
**Family Systems Theory and Family Therapy**  
**Casework with Children**  
**Recognizing and Assessing Developmental Delay and Disability**  
**Parenting Skills**  
**Collaborative Interdisciplinary Services to Families**  
**Cultural Competence**  
**Adult Psychopathology**  
**Substance Abuse**  
**Family Violence**  
**Understanding Psychological Evaluations**  
**Group Work Skills**  
**Time and Stress Management: Personal Safety**  
**Human Sexuality**  
**Writing Skills for Case Documentation**  
**Health and Medical Issues**

#### Adoption Assessor Training

Training is required for all social workers providing foster care or adoption services in Ohio. It includes six workshops and 36 hours of training. Workshops include:

**Family and Child Assessment – 12 hours**  
**Birth Parent Services – 6 hours**  
**Post-Finalization Adoption Services – 6 hours**

**Adoption Assistance – 3 hours**  
**Placement Strategies – 3 hours**  
**Pre-finalization Adoption Services – 6 hours**

In addition, adoption assessors must complete an advanced series of four workshops. These workshops include:

**Cultural Issues in Permanency Planning – 12 hours**  
**Achieving Permanency through Interagency Collaboration – 6 hours**  
**Openness in Adoption – 12 hours**  
**Gathering and Documenting Background Information – 6 hours**

### **Monitoring**

PCSAs are responsible for maintaining all employees' education and training records. Additionally, PCSAs are required to ensure completion of ITNAs and submit ITNA data to their respective RTC.

### Item 34. Foster and Adoptive Parent Training

The State provides training for current or prospective foster parents, adoptive parents, and staff of State licensed or approved facilities that care for children receiving foster care or adoption assistance under Title IV-E, which addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.

#### Policy

Adoptive applicants are required to complete preservice training before an agency can approve their homestudy (OAC 5101:2-48-09). PCSA adoptive applicants are enrolled in the OCWTP Pre-service training for prospective adoptive parents. Private agencies certified to perform the adoptive function are required to provide the required preservice training to adoptive applicants..

In Ohio, foster and adoptive families may be dually licensed; that is, approved for adoption and certified for foster care as part of the same process. Prior to being certified as a foster caregiver the applicant must complete preplacement training (ORC § 5103.031, ORC § 5103.033, OAC 5101:2-5-33). A training stipend is provided to prospective foster caregivers and certified foster caregivers to attend training. The following table outlines hours of preplacement and continuing training required for each level of foster caregiver certification.

<b>Level of Fostering</b>	<b>Preplacement Training Hours Required</b>	<b>Continuing Training During 2 Year Certification Period Required</b>
Infant-Only Foster Care	12	24
Family Foster Care	24	40
Specialized Foster Home	36	60

#### Practice

The following workshops are required for foster and adoptive parents in order to meet their preservice training requirements. Additionally, Kinship Caregivers may enroll in these workshops.

#### **Preservice for Foster, Adoptive, Kinship Caregivers**

- **Orientation and Overview**
- **Teambuilding**
- **Child Development and the Impact of Abuse and Neglect**
- **Attachment and Separation**
- **Discipline**
- **Preventing and De-escalating Crisis**
- **Cultural Issues in Placement**
- **Working with Primary Families**
- **Caring for Children Who Have Been Sexually Abused**
- **Effects of Caregiving on the Family**

- **Permanency Issues for Children**
- **Permanency Issues for Families**

It should be noted foster care applicants who are requesting certification as a foster caregiver and approved for adoptive placement are required to take the following pre-service workshops:

- **Caring for Children Who Have Been Sexually Abused**
- **Permanency Issues for Children**
- **Permanency Issues for Families**

Foster caregivers certified by PCSAs are enrolled in OCWTP workshops. Foster caregivers certified by private agencies certified by ODJFS to act as a representative to recommend foster caregiver certification or approval for adoptive placement are responsible for providing or securing training for their foster caregivers and adoptive applicants/parents.

### **Additional Training Offered by OCWTP for Adoptive Parents**

The following workshops have been developed specifically for post adoptive parents by the OCWTP:

- Diagnosis AD/HD: What's Next?— (6 hours): parenting strategies for parents of children with AD/HD
- Changing Hats: Foster to Adopt— (3 hours): transitioning from foster caregiver to adoptive parent
- Adoption and Healthy Adult Relationships—(6 hours)—strategies to strengthen the adult relationships in a two-parent home
- Impact of Adoption on Birth Children in the Adoptive Home—(3 hours)—discussion of the impact of adoption on children who have been born into the adoptive family
- After Adoption: Understanding the Lifelong Journey—(3 hours)—post adoption issues for adopted persons
- "Keepin' it in the Family:" The Unique Issues of Kinship Care--(3 hours)—considerations for kinship caregivers transitioning to adoptive parents
- "Mom, Dad, I'm Searching" The Impact of Search and Reunion on the Family— (6 hours)—search and reunion issues
- Mystery History: Helping Your Foster or Adopted Child Understand His Past— (6 hours)—helping children understand adoption as well as their own birth family histories
- "Play with a Purpose: "Strategies to Enhance the Parent-Child Relationship--(3 hours): strengthening the parent/child attachment through activities
- The Openness Puzzle: 3..2..1..Contact!—(in both 3- and 6-hour versions) –how openness impacts the adoptive family and the adopted child
- Recapturing Your Child's Heart: When Your Foster Child Leaves and Returns to Be Adopted—(3 hours)—workshop to consider special issues when foster parents adopt a child who experienced a failed reunification effort
- Single Adoptive Parenting "Single but Never Alone"—(3 hours)—issues for single adoptive parents
- Six Weeks of Support for Adoptive Parents—(18 hours in 6 sessions)--provides both training and opportunities for group support and sharing among adoptive parents.
- Standing in the Gap: Becoming an Effective Advocate for Your Foster/Adopted Child—(3 hours)—how to get services and resources needed by adopted children
- Successful Transcultural Parenting: Dealing with the Dynamics of Difference-- (6 hours)-- practical strategies to empower successful families who have adopted or are fostering transculturally
- Building a Healthy Adoptive Family: Ten Factors of Success--(6 hours)--factors that can enhance the adjustment of adoptive families in the post finalization period of adoption
- Triggers: What Can Cause Adoption Related Crisis?—(3 hours)--helps adoptive parents identify and prepare for common triggers of adoption-related distress
- What Family Tree? School Issues and the Adopted Child—(3 hours)—identifies school-related challenges for adoptive families and strategies to address them

### **Ongoing Assessment of Training**

The PCPA or PNA is responsible for oversight, development, and implementation of a written needs assessment and continuing training plan for each foster caregiver which will be in effect during the two-year period the foster caregiver's certificate is in effect. The training plan must also include the criteria the agency uses to determine whether the foster caregiver has successfully completed the course. Additional oversight is handled at the PCPA, PNA, or PCSA, that includes data entry into a state database that currently tracks foster caregiver training records in the Foster Care Resource Education Database, also referred to as (FRED).

### **Monitoring**

ODJFS monitors agency compliance with training requirements through its ongoing monitoring activities for agencies that are certified to perform the adoption and foster care functions. This is done during the 24 month certification period for PCPAs and PNAs. PCSA compliance with training provisions are also monitored during a 24 month cycle. If an agency is found to be out of compliance with agency training policies or does not ensure foster caregivers complete required training a Corrective Action Plan must be sent to ODJFS for review and approval.

## **E. Service Array and Resource Development**

### **Item 35: Array of Services.**

### **Item 36: Accessibility of Services.**

### **Item 37: Individualizing Services**

Ohio has an array of programs designed to: determine and address service needs; create safe home environments; enable children to remain with their parents when reasonable; and help children in foster and adoptive placements achieve permanency. During the last review, however, it was determined that accessibility to these services was inconsistent and needed improvement.

### **Policy**

PCSAs shall make services accessible to families and children throughout Ohio. Services are to be individualized to meet the unique needs of children and families served by the agency, and to build on existing strengths of each family member.

Provision of supportive services is based upon the PCSA's assessment of safety and risk to the child and is available during all of the following: (1) the safety planning process; (2) the assessment/investigation process; (3) the supervision of a child in his own home without court order; (4) the protective supervision of a child as ordered by the court; (5) the child's substitute care placement; and (6) the period immediately following reunification of the child, as appropriate (OAC rule 5101:2-39-07, 5101:2-40-02). Individual services needs are identified with the family during the development of the case plan. Case plan goals and objectives as well as services planned or provided are reviewed during caseworker visits and formal SAR reviews to ensure that continued efforts are made to: assess child safety; evaluate the effectiveness of services offered and provided; and identify barriers to the provision of services. Upon CAPMIS implementation, agencies conduct Case Reviews every 90 days. (Refer to Items #3, #4, #17, #18, and #25 for more details on family assessment and identification and review of service needs, services provided, and the effectiveness of services rendered to reduce risk and ensure safety of the child).

PCSAs are mandated to make available supportive services to a child and his parent, guardian, or custodian to:

- Support the integrity of the child's family unit;
- Prevent placement of a child away from his family or caretaker;
- Enable a child's return home or to an alternative permanent placement; and
- Assist a child who has attained the age of 16 to prepare for transition from substitute care to independent living and self sufficiency.

Additionally, PCSAs must provide, at a minimum, the following services directly or through an arrangement with a community services provider:

- Case management;
- Therapeutic services;
- Homemaker or home health aide;
- Counseling;
- Protective day care;
- Diagnostic;
- Emergency shelter;
- Substitute care;
- Adoption;
- Information and referral;
- Life skills; and
- Unmarried parent services.

PCSAs must also make at least 3 of the following services available within the county in addition to the above mandated services:

- Community education;
- Crisis services;
- Emergency caretaker;
- Employment and training;
- Environmental management;
- Parent aide;
- Parent education;
- Crisis nursery;
- Day treatment; and
- Volunteer.

(OAC rule 5101:2-39-07)

At the conclusion of a diagnostic service or treatment, the PCSA shall request a written report from the service provider. Reports involving treatment shall contain information which indicates the progress the parent, guardian, or custodian and child has made to resolve areas identified in the provider's service or treatment plan.

At the conclusion of a short-term, time-limited service or short-term time-limited treatment, the PCSA shall request a report from the service provider. Reports involving treatment shall contain information which indicates the progress the parent, guardian, or custodian and child has made to resolve areas identified in the provider's service or treatment plan.

At a minimum of once every four months and at the conclusion of ongoing services or treatment, the PCSA shall request written or verbal reports from all ongoing service providers. Reports shall contain information which indicates the progress the parent, guardian, or custodian and child have made to resolve areas identified in the provider's service or treatment plan.

## **Practice**

A majority of PCSAs contract for services from community agencies and other resources. PCSAs can provide supportive services through the following methods:

- Information and referral services to community resources;
- Direct services from the PCSA;
- Contract services from community service providers;
- Compact services from community service providers;
- Direct and indirect services from child abuse and neglect multidisciplinary teams;
- Direct and indirect services from the county Family and Children First Council or early intervention teams;

### **Independent Living**

PCSAs evaluate the need for, and make available, life-skill services to youth in agency custody who have attained the age of 16, to prepare them for the transition from agency custody to independence. Independent Living (IL) services may also be provided to a youth under age 16 when the agency deems it appropriate. When determining the appropriateness of IL services for youth under 16 years of age, agencies consider the likelihood that the youth will remain in agency custody until their 18<sup>th</sup> birthday.

PCSAs provide services and support to young adults who are former foster care recipients and who emancipated from the agency's custody due to reaching age 18, but who are not yet 21 years old. The agency evaluates the current needs of the young adult to determine the range of services to be provided,

and provides these services and support to complement the young adult's own efforts at achieving self-sufficiency. Based on federal guidelines, services are required to be provided until the youth's 21<sup>st</sup> birthday.

The structure of individual IL programs is not prescribed by ODJFS, so there is diversity among the 88 counties with regard to the actual components of IL programs. If a PCSA is providing services to a young adult between the ages of 18 and 21, the PCSA explores and coordinates the services with other community resources.

Based on individual life skills assessment of each youth in care, and an individual evaluation of an emancipated young adult, agencies are required to provide services such as, but not limited to, those listed below:

- Outreach, individual and group counseling;
- Education and vocational training (e.g., preparation for a General Equivalency Diploma [GED], or for higher education, job readiness, job search assistance, and placement programs);
- Counseling and instruction in basic living skills, parenting, health care (e.g., preventive health care, substance abuse prevention, or family planning);
- Access to community resources and transportation;
- Counseling and training on such subjects as self-esteem and self-confidence, interpersonal and social skills, and development;
- Matching each youth with an adult who can serve as an advocate, resource, and mentor in daily living skills;
- Culture- and gender-specific activities; and/or
- School dropout prevention programs.

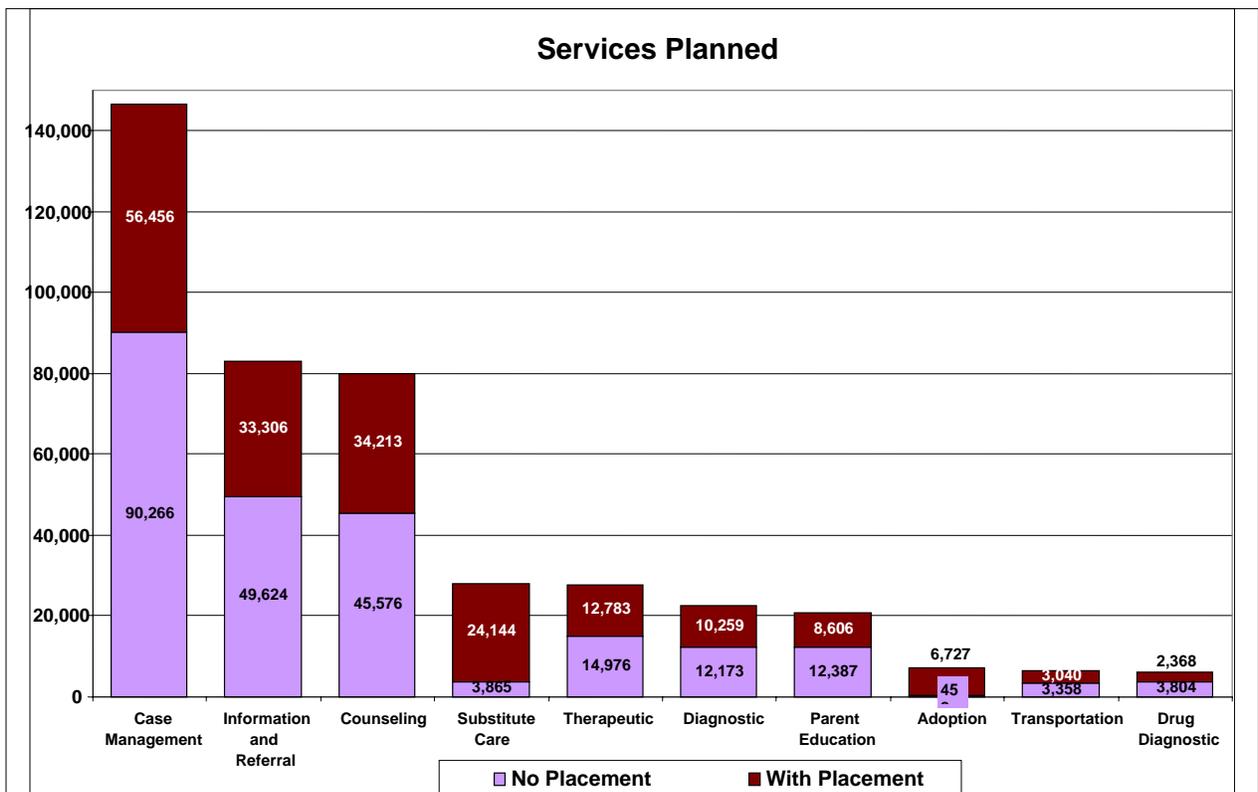
An agency may use up to 30% of its federal IL allocation for room and board for the emancipated youth up to age 21. "Room and board" assistance may include assistance with rent, initial rent deposit, utilities, or utility deposits.

ODJFS encourages agencies to develop and participate in community organizing efforts and ongoing support networks for youth leaving substitute care. The need for intersystem collaboration is greatly encouraged, and cross-systems approaches are promoted across the state. ODJFS collaborates with other state agencies, as well as local public and private child- and family-serving groups that have successful programs for serving the youth population.

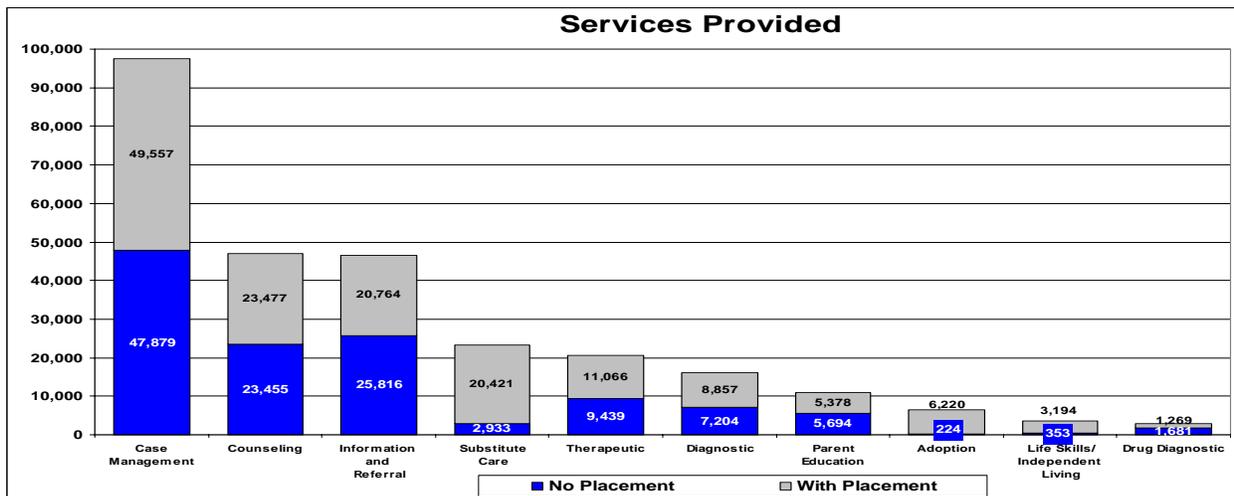
## **Evaluation**

As previously indicated, PCSAs are required to record individual service needs of case plan participants on the case plan. The agency must identify next to each service whether the service was planned or provided. The most recent ODJFS Comprehensive Annual Report, released in May 2005, provided feedback on a Service Needs Review conducted to examine the reporting of data to FACSIS regarding services planned and provided by the 88 PCSAs. This analysis examined service frequency and differences throughout the state on services planned, services provided, and any reported barriers to the provision of services. The entire database, containing data from all 88 counties, was examined for this review.

The most frequently planned service for both in home and out-of-home care cases was Case Management Services (i.e., activities performed by the PCSA for the purpose of providing, recording, and supervising services to a child and his or her family). The following diagram depicts the top ten planned services.



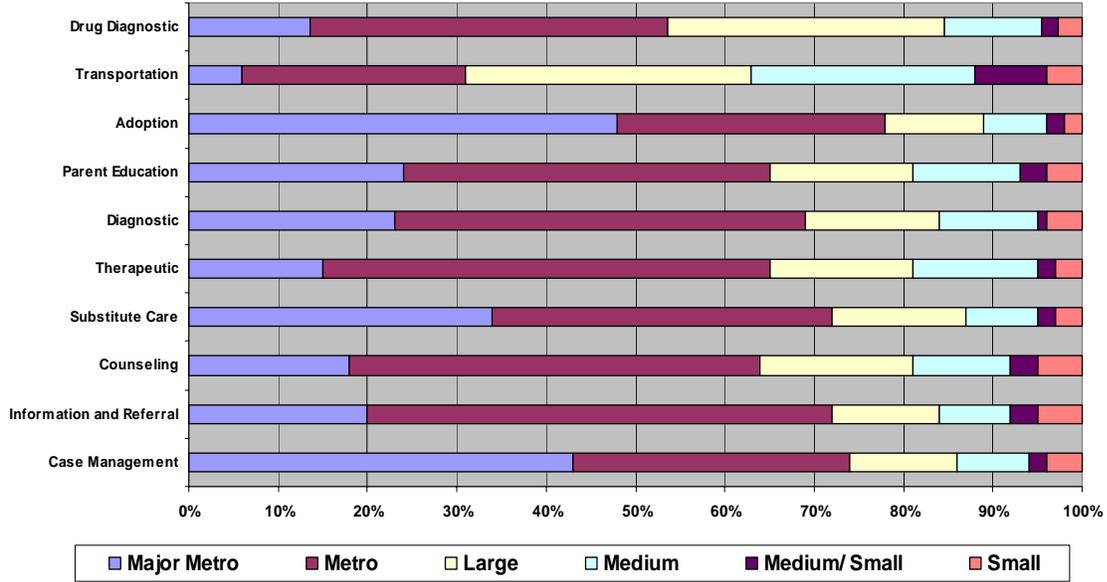
The 10 most frequently reported services provided, regardless of planning status for in-home and substitute care cases included: case management, counseling, information and referral, substitute care, therapeutic, diagnostic, parent education, adoption, life skills/independent living and drug diagnostic. It should be noted that for all types of cases transportation was ranked 11. The following chart depicts the most frequently provided services:



Services planned and provided for children and families **when the child is not in placement** demonstrated slightly more emphasis on parenting skill development. Services planned for children and families **when a child is in placement** included increased requests for life skill/independent living and adoption.

Differences in service provision associated with county size (population) are illustrated in the chart below:

## Proportion of Provided Services by County Population Grouping



SACWIS is now able to capture more detailed information on services in order to be able to glean more specific information on services provided (e.g., Counseling = Alcohol Abuse Treatment-Inpatient, Alcohol Abuse Treatment-Outpatient, Alcohol Prevention Services, Alcohol Support Services, Domestic Violence Services, Drug Prevention Services, Drug Support Services, Drug Treatment-Inpatient, Drug Treatment-Outpatient, Employment Counseling, Family Counseling, Group Counseling, Individual Counseling, Marital Counseling).

Preliminary data from PCSAs that are rolled out in SACWIS, which currently does not include two of the major-metro counties and several other metro and large agencies, reveal the following regarding the most frequently provided services:

## SACWIS SERVICE FREQUENCY

Case Management (1)	Sub-Category Ranking
	Case Management Services
	Information & Referral Services
	Arranging for Services
	Other Community Services
	Pre-Finalization Adoption Services
	Volunteer Services
	Casework Counseling
	Case Planning
	Monitoring Case Progress
	Supervised Visitation
	Mentoring Services
	Post-Finalization Adoption Services
	Self-Sufficiency Contract Coordination

Home Management (6)	Sub-Category Ranking
	Environmental Management
	Parent Aide Services
	Home Health Nurse/Aide
	Unmarried Parent Services
	Homemaker Services
	Housing Availability Services
	Housekeeper/Chore Services
	Annual Assessment Screening

Counseling (2)	Sub-Category Ranking
	Individual counseling
	Family Counseling
	Drug Treatment-Outpatient
	Drug Prevention Services
	Alcohol Abuse Treatment-Outpatient
	Drug Support Services
	Alcohol Prevention Services
	Alcohol Support Services
	Drug Treatment- Inpatient
	Alcohol Abuse Treatment-Inpatient
	Domestic Violence Services
	Group Counseling
	Marital Counseling

Financial Support (7)	Sub-Category Ranking
	Transportation
	Financial Assistance
	Housing
	TANF/OWF
	Budgeting Training
	Financial Management
	TANF extension (OWF)
	Utilities
	Clothing (emergency)
	Food (non-emergency)
	Clothing (non-emergency)
	Food Stamps
	Food (emergency)

Education & Training (3)	Sub-Category Ranking
	Parent Education
	Community Educational Services
	Educational Services
	Career Exploration
	Vocational (Skills) Training
	Tutoring
	Special Education
	GED Classes
	After School Services
	Educational Advocacy

Child Care (8)	Sub-Category Ranking
	Protective Day Care Services
	Respite Care
	Day Treatment Services
	Employment and Training Related Child Care
	Head Start
	Head Start Plus
	Day Camp

Diagnostic (4)	Sub-Category Ranking
	Diagnostic Services
	Drug Diagnostic Services
	Alcohol Diagnostic Services

Legal (9)	Sub-Category Ranking
	GAL
	CASA
	Attorney

Emergency Services (5)	Sub-Category Ranking
	Crisis Intervention Services
	Emergency Caretaker Services
	Crisis Nursery
	Domestic Violence Shelter
	Emergency Shelter
	Emergency Medical Care

Mental Health* (10)	Sub-Category Ranking
	MRDD Services
	MRDD Diagnosis
	Psychiatric/Psychological Services
	GAL
	CASA
	Attorney

\*T\*\*This service may be under reported

### Gaps in Services

Since the last CFSSR review, Ohio has engaged in several multi-departmental activities to determine gaps in needed services. Three of these are highlighted below:

### **Access to Better Care**

With the goal of determining service needs and funding issues across multiple systems, the Directors of the Ohio Departments of: Job and Family Services, Mental Health, Alcohol and Drug Addiction Services, Mental Retardation and Developmental Disabilities, Health, Youth Services, and Education; the County Commissioners' Association of Ohio; PCSAO; the Ohio Association of County Behavioral Health Authorities; the Ohio Federation for Children's Mental Health; Ohio Citizen Advocates for Chemical Dependency Prevention and Treatment; Ohio Children and Families First; the Center for Innovative Practice; and the Governor's Office:

- Completed a multi-system needs assessment based on 41 identified services for the following population groups:
  - Children in custody;
  - Children in secure, residential treatment;
  - Children not in custody, but with identified needs;
  - Children exhibiting early signs of illness; and
  - Children at risk.
- Analyzed placement trends and expenditures for services across levels of care.
- Developed an inter-system glossary to improve communication across disciplines.
- Identified three areas for targeted program development:
  - Prevention and Early Intervention for Children, Youth and their Families;
  - Early Screening, Assessment and Treatment for Behavioral Health Care Needs of Children and Youth 0-18.; and
  - Treatment of Multi-need Children, Adolescents, and Families.

### **Fetal Alcohol Spectrum Disorders**

In April and May 2005, researchers from The Ohio State University Center for Learning Excellence facilitated focus group sessions to better assess perceptions associated with Fetal Alcohol Spectrum Disorders, existing programming, and gaps in needed services. Findings specifically related to service provision included:

- Many professionals who provide services to children and families in Ohio are ill-prepared to address FASD. Within system and cross-system education is needed regarding the impact of prenatal substance exposure, diagnostic indicators, and effective interventions/treatments.
- Children usually come to the attention of medical, mental health, and other professionals because of behavioral or physical problems. As a result, the children may receive screening for developmental or mental health disabilities, but not FASD. New and existing services should be designed and coordinated to screen for FASD.
- There are a limited number of programs in the State that specialize in FASD and these are not centrally located resulting in inaccessibility to needed care. Additional intervention/treatment resources are needed as well as services for parents, foster parents, and caregivers (e.g., support groups, respite care, parent/caregiver training, and advocacy).
- As FASD is not recognized as a specific disability category of disability for educational purposes, advocacy efforts and policies are needed to define how FASD is to be addressed in Ohio's educational settings.
- Ohio-specific FASD prevalence data should be collected on a continual basis for effective targeting of prevention, early identification and treatment services.

### **Methamphetamine Response**

In 2005, ODJFS surveyed PCSAs located in the counties which had experienced the highest number of clandestine laboratory seizures (as identified by the Ohio Attorney General's Office) to determine the

effect of Methamphetamine on local agencies and to identify related client needs. The following gaps in needed services were identified at that time

- Follow-up medical testing;
- Housing;
- Substance abuse, mental health, and medical services- including inpatient treatment;
- Supportive services to the family care givers;
- Employment assistance;
- Child and adolescent prevention, education and early intervention services; and
- Specialized services for pregnant addicts.

### Strengths and Promising Approaches

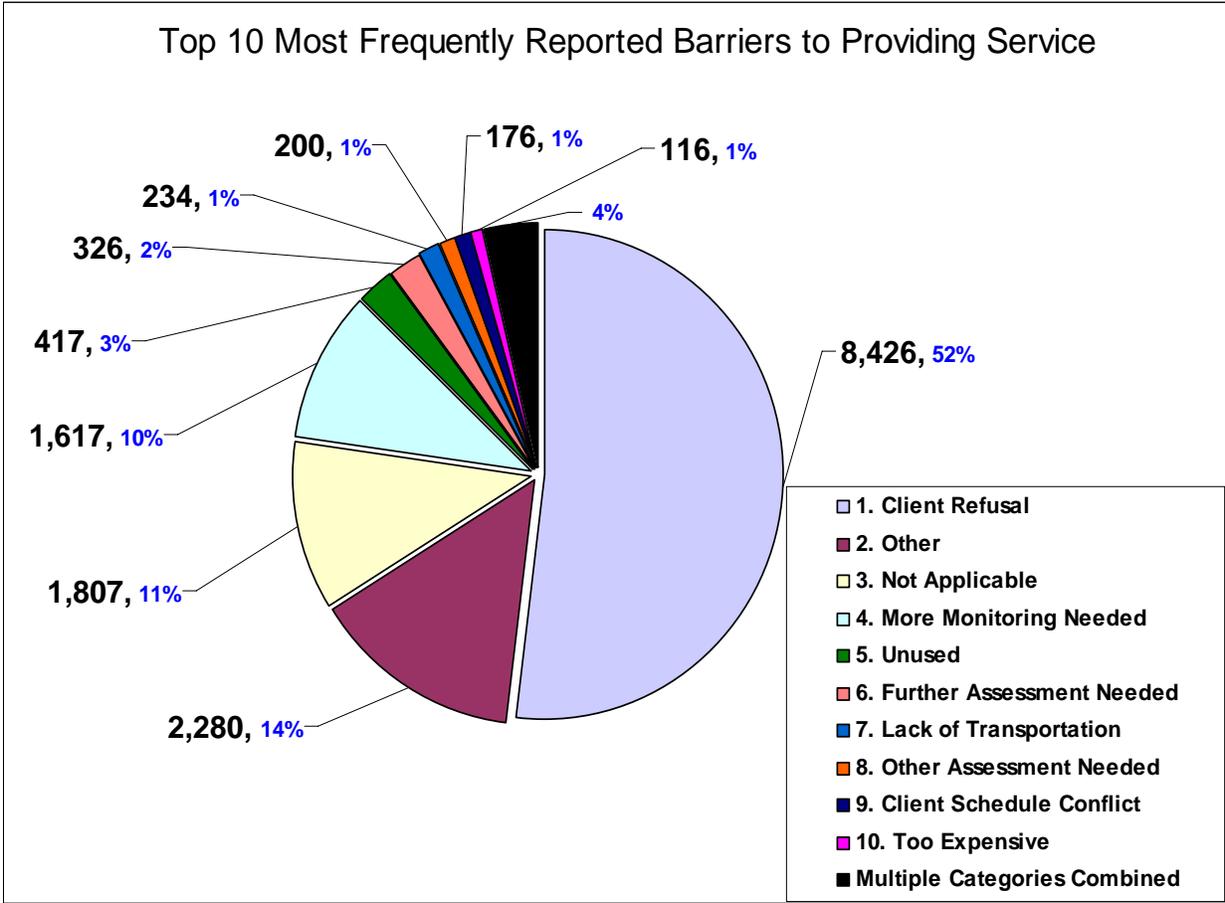
- Increased use of positive behavior supports in school-based settings.
- Increased use of evidence-based treatment practices.
- Increased use of standardized health assessments.
- Expanded Medicaid coverage for children aging out of care.
- Cross-systems initiatives to effectively address issues stemming from traumatic events occurring in childhood.
- Increased coordination of adolescent substance abuse services.
- Increased utilization of community health centers.
- Increased financial support provided to kinship providers
- Continued post-adoptive support.
- Continued work by State and local Ohio Family and Children First Councils to enhance the well-being of Ohio's children and families by: building community capacity; strategically coordinating systems and services; engaging and empowering families; and sharing accountability.

### Barriers

CPOE Stage Five analyzed the barriers to: planned child services, planned family services, and planned caregiver services as reported via county agency data from January 1-December 31, 2004. The following barrier options were used in this process:

Child Care	Client Refusal
Client Schedule Conflict	Court-Ordered Different Service
Not Culturally Sensitive	Eligibility Exclusion
Frequent Worker Turnover	Further Assessment Needed
Inability to Place Sibling Group	Insufficient Service Quality
Insufficient Service Quantity	Lack of Transportation
Language Barrier	More Monitoring Needed
Not Offered in Area	Other
Other Assessment Needed	Provider Refused Client
Service Provider Opinion	Severe Problem Requiring PC
Special Needs	Too Expensive
Unused	Waited One Month or Less
Waited Six Months or Less	Waited More Than One Month
Waited More Than Six Months	No Worker Follow-Through
"Not Applicable"	

The most frequently reported barriers to the provision of service, **from the caseworker perspective**, are highlighted in the table below. Significantly, over half of the responses reflect the caseworkers' perception of client refusal:



The rollout of SACWIS has not permitted Ohio to obtain more current statewide data on barriers to service provision.

**Systemic Barriers**

As previously noted, systemic barriers to service capacity and accessibility include, but are not limited to:

- Increasing competing demands regarding covered Medicaid services and/or populations.
- Budgetary constraints at both the state and local levels.
- A limited number of Ohio dentists who are willing to be Medicaid providers, resulting in access issues.
- Growing numbers of uninsured Ohioans.
- Unmet transportation needs limiting access to services in some areas of the State, particularly in rural areas.
- Difficulties establishing and maintaining client engagement due to the complex issues faced by families involved in the child welfare system.
- Limited use of evidence-based practices statewide.

## **F. Agency Responsiveness to the Community**

**Item 38: State Engagement in Consultation with Stakeholders.**

**Item 39: Agency Annual Reports Pursuant to the CFSP.**

**Item 40: Coordination of CFSP Services with Other Federal Programs**

### **Policy**

ORC 5103.07 designated ODJFS to administer funds received under Title IV-B of the Social Security Act and the Child Abuse Prevention and Treatment Act. The Children's Trust Fund Board, created within ODJFS, focuses on child abuse and child neglect prevention efforts (ORC 3109.18). A board of county commissioners may establish a child abuse and child neglect prevention advisory board or may designate the county family children first council to serve as the child abuse and neglect prevention advisory board (ORC 3109.18).

### **Practice**

ODJFS consults with PCSAs, other state departments, resource providers, the Supreme Court of Ohio, consumers, stakeholders, and associations which represent public and private child and family service agencies to establish and implement the Child and Family Services Plan (CFSP) goals and objectives. The CFSR PIP outcomes, goals and activities were integrated into the CFSP in order to decrease fragmentation and improve coordination of the multiple efforts required for achievement. Annual progress reports detailing services delivered pursuant to the CFSP are developed in consultation with the above mentioned representatives. Services under the CFSP are coordinated with other Federal or federally assisted programs serving the same population (e.g., Medicaid, TANF, Youth Investment initiatives, and SAMHSA-funded mental health and substance abuse services).

It should be stressed that Ohio has made concerted efforts to reduce fragmentation in service delivery via improved multi-disciplinary collaborative funding strategies and increased consumer involvement in policy development. Ohio Family and Children First (OFCF) is a statutorily mandated partnership of state and local government, communities and families that enhances the well-being of Ohio's children and families by:

- building community capacity;
- strategically coordinating systems and services;
- engaging and empowering families; and
- sharing accountability.

At the state level, OFCF is comprised of the directors of all of the child-serving departments: Job and Family Services, Alcohol and Drug Addiction Services, Health, Mental Health, Mental Retardation and Developmental Disabilities, Youth Services, Rehabilitation and Corrections, Education, and the Office of Budget and Management. Each county operates a local council consisting of the local directors of these agencies (plus the PCSA director in separated agencies), municipal and county officials, Head Start representatives, a representative of a local non-profit agency serving children and families, a representative of the local early intervention program, and family representatives. In addition, a local juvenile judge may serve in an advisory capacity to the council. OFCF works toward the fulfillment of the following commitments:

- Expectant Parents and Newborns Thrive;
- Infants and Toddlers Thrive;
- Children Are Ready for School;
- Children and Youth Succeed in School;
- Children and Youth Engage in Healthy Behaviors; and
- Youth Successfully Transition into Adulthood.

Ohio's CFSP design and implementation are developed in partnership with the work of Family and Children First.

### **Measures of Effectiveness**

During the 2002 CFSR, agency responsiveness to the community was rated in substantial conformity, and all items within this Systemic Factor were rated as strengths. PIP activities, which continued to be implemented in the CFSP, resulted in continued advancement of Ohio's efforts to improve the Safety, Permanency, and Well-Being for children and families as demonstrated by related data indicators.

### **Challenges**

- Budgetary constraints at state and local levels.
- Competing priorities among state and local stakeholders.
- Growing numbers of uninsured Ohioans.
- Unmet transportation needs.

## **G. Foster and Adoptive Home Licensing, Approval, and Recruitment**

### **Item 41: Standards for Foster Homes and Institutions.**

### **Item 42: Standards Applied Equally**

Ohio has standards for foster family homes and child care institutions that are reasonably in accord with recommended national standards. These standards apply to all licensed foster family homes or child care institutions receiving Title IV-E or Tile IV-B funds.

### **Policy**

ORC § 5103.03 requires all institutions or associations that receive or desire to receive and care for children or place children be certified by ODJFS. Certification is valid for two years. Requirements governing foster homes, adoptive homes and institutions providing services to children are contained in OAC Division 5101:2, and include but are not limited to, Chapters 5101:2-5, 5101:2-7, 5101:2-9 and 5101:2-48. These requirements are consistent with the Council on Accreditation Standards governing foster care services (FC 16, FC 17), adoption services (AS 3), and group living services.

OAC rules define standards applied to all certified/approved settings, certification/recertification procedures, requirements when operating a family, treatment or medically fragile foster home, inspections and on-site visits, requirements to revoke or deny a certification, and conduct state hearings.

Ohio has a monitoring process which determines agencies eligibility for certification. During initial certification an agency receives a full certificate if they pass inspection. For recertification an agency can receive a full, temporary, or full/temporary certificate.

Initial certification is based upon receipt of an application from a prospective agency seeking to conduct and perform foster and/or adoption services in Ohio. Agencies performing foster care and/or adoption services are certified in Ohio for two years (24 months). Foster homes are certified every two years as well. In accordance with OAC 5101:2-5-03 and 5101:2-5-04, a full certificate may be issued by ODJFS to public and private custodial and/or non-custodial agencies to perform one or more of the following functions:

1. Act as a representative of ODJFS in recommending family foster homes for certification. (Note: PCSAs are excluded from the certification requirement pursuant to ORC § 5153.16 since they are mandated to perform this function. However, they must comply with all OAC rules applicable to performance of this function.)
2. Act as a representative of ODJFS in recommending treatment foster homes for certification. (Note: PCSAs are excluded from the certification requirement pursuant to ORC § 5153.16 since they are mandated to perform this function. However, they must comply with all OAC rules applicable to performance of this function.)
3. Act as a representative of ODJFS in recommending medically fragile foster homes for certification. (Note: PCSAs are excluded from the certification requirement pursuant to ORC § 5153.16 since they are mandated to perform this function. However, they must comply with all OAC rules applicable to performance of this function.)
4. Act as a representative of ODJFS in recommending pre-adoptive infant foster homes for certification. (Note: PCSAs are excluded from the certification requirement pursuant to ORC § 5153.16 since they are mandated to perform this function. However, they must comply with all OAC rules applicable to performance of this function.)
5. Operate children's residential centers.
6. Operate group homes.
7. Operate or provide independent living arrangements (Note: PCSAs are excluded from the certification requirement pursuant to ORC § 5153.16 since they are mandated to perform this function. However, they must comply with all OAC rules applicable to performance of this function.)

8. Operate residential parenting facilities.
9. Operate children's crisis care facilities.

In addition, PCPAs must be certified by ODJFS to accept temporary, permanent or legal custody of children and to place children for foster care or adoption. PNAs must be certified by ODJFS if they will participate in the placement of children in foster homes or for adoption (OAC 5101:2-5-03).

### Foster Homes

Foster care applicants or foster caregivers have the option to apply to be certified or recertified as foster caregivers and also be approved for adoptive placement. Foster care applicants and foster caregivers must comply or maintain compliance with the following requirements outlined in OAC 5101:2-7-02 and OAC 5101:2-5-20 in order to be certified or recertified:

**Age:** Foster caregivers must be at least 21 at the time of initial certification.

**Residency:** They must be an Ohio resident and a legal resident of the United States.

**Marital Status:** They may be a legally married couple, a single person, or co-parent(s).

**Income:** Income must be sufficient to meet the basic needs of the household and to make timely payment of shelter costs, utility bills, and other debts.

**Health Status:** The applicant and all members of the foster care applicant's household or foster caregiver's household must be free of any physical, emotional, or mental condition that would endanger a child or seriously impair the ability of the foster caregiver or applicant to care for a foster child. Health status is verified by a medical statement completed by a licensed physician, physician assistant, clinical nurse specialist, certified nurse practitioner, or certified nurse-midwife. Agencies can require additional verification from a psychologist or other certified licensed professional. Medical statements must be obtained for the applicant and all household members within six months prior to the recommendation for certification.

**Criminal Background Check:** Criminal background checks must be obtained for the foster care applicant and all adults living in the household prior to approving the foster home for certification. (Refer to Item #43 for additional information on criminal background check requirements.)

**Abuse/Neglect Determination:** Documentation must be provided showing a person seeking to become a foster caregiver and other adult household members were not subjects of any reports of child abuse/neglect.

**Homestudy:** Homestudies are conducted by staff that are qualified assessors and have completed their assessor training. Homestudies are completed prior to certification and are to be updated every two years and whenever changes occur in the home. The homestudy process is a joint assessment conducted by the assessor and applicant in order to ensure children will receive safe and appropriate care.

**References:** Applicants must provide three references from persons unrelated to the applicant and who do not reside with the applicant.

**Fire Inspection:** Applicants must provide an approved fire inspection of the home by a state-certified fire safety inspector or the state fire marshal.

**Training:** Foster care applicants and foster caregivers must complete all preplacement training within 18 months prior to being certified. Continuing training requirements must be completed prior to the expiration of the current certificate. Any additional hours of training required by the recommending agency's written training plan must also be obtained by the foster care applicant and/or foster caregiver. (Refer to Item #34 for a description of the training requirements.)

Applicants or foster caregivers applying for certification as medically fragile foster caregivers must have at least two years of experience caring for medically fragile children or the equivalent of medically fragile child care experience, education, or training. Medically fragile foster caregivers are required to participate on a treatment team that develops and implements a service plan for each child (OAC 5101:2-7-17).

Applicants or foster caregivers applying for certification as treatment foster caregivers must have at least two years of experience as certified foster caregivers or the equivalent of child care experience, education, or training (OAC 5101:2-7-16).

Foster care providers and agencies operating a foster care program who do not agree with a proposed adjudication order regarding their certification issued by ODJFS are entitled to a state hearing. ODJFS employs or contracts with a hearing examiner to conduct state hearings. Upon the conclusion of a hearing, the hearing examiner prepares a written report of findings of fact, conclusions of law, and recommendations of departmental action to be taken in disposition of the hearing. The ODJFS Director then considers the report and recommendation, along with any written objections to it, and then issues an adjudication order.

ODJFS has the authority to temporarily suspend all or part of a rule imposed on a foster caregiver to give the foster caregiver time to come into compliance. Additionally, through a granting of a variance, ODJFS has the authority to permanently suspend all or part of a rule imposed on a foster caregiver.

### **Foster Care Monitoring**

Agencies certified to recommend foster homes inspect each foster home at least annually. Prior to recertification of the home, the agency must: (1) conduct an assessment of the home that includes at least one home visit and an interview with all household members (except foster children) over the age of 4; (2) complete a safety audit of the home; and (3) verify completion of continuing training requirements.

Additionally, ODJFS monitors agency compliance with all foster care certification requirements by conducting a review twice during every 24-month certification period, not including the recertification inspection. At least one inspection is unannounced, and all inspections may be unannounced (OAC 5101:2-5-03). ODJFS also has the authority to inspect any foster home recommended for certification by a PCSA, PCPA, or PNA. Such inspections may be announced or unannounced.

ORC § 5103.03 grants ODJFS the authority to revoke a certificate if a PCPA or PNA is in violation of the ORC or OAC. Agencies are provided the opportunity to develop corrective action plans for any area of noncompliance identified by ODJFS. However, ODJFS' decision to approve or disapprove a corrective action plan does not affect ODJFS' decision to deny or revoke an agency's certification. Agencies are also offered appeal rights for any action brought against them by ODJFS.

ODJFS conducts complaint investigations received against a foster home.

### **Adoptive Homes**

Agencies that approve applicants for adoptive placement must comply with the following requirements:

**Marital Status:** Obtain documentation of applicant(s) current marital status.

**Financial Statement:** Obtain information regarding the applicant's income, assets, child support obligations, and financial liabilities.

**Criminal Background Check:** Obtain a criminal background check for the applicant and other adult household members. Refer to Item #43 for additional information on criminal background check requirements.)

**Abuse/Neglect Determination:** Document that a search of the Central Registry for Child Abuse and Neglect or a search of SACWIS was conducted prior to approving an adoption homestudy.

**Medical Statement:** Obtain medical statements for the applicant and all household members.

**HomeStudy:** Ensure homestudies are conducted by certified assessors who have completed their assessor training (ORC § 3107.03.2 and 3107.014). The homestudy process is a joint assessment conducted by the assessor and applicant in order to ensure that children will receive safe and appropriate care. Homestudies are updated every two years from the date of approval of the initial homestudy. Homestudies must be amended within 60 days when the agency becomes aware of changes in the family composition or life circumstance. As part of the homestudy process, agencies must complete a Multiple Children/Large Family Assessment when an applicant applies to adopt and will have five or more children residing in the home, including foster children and children in kinship care.

**References:** Obtain four personal references, three from non relatives, and verify all information.

**Fire Inspection:** Obtain a fire inspection of the home by a state-certified fire safety inspector or the state fire marshal.

**Training:** Applicants comply with preservice training requirements prior to approval of a home study. (Refer to Item # 34 for a description of the training requirements.)

### **Adoption Monitoring**

ODJFS conducts on-site visits to PCSAs, PCPAs, and PNAs at least once every two years to review public and private agency adoption practices. This includes review of adoptive child and family case records. Agencies are responsible for direct monitoring of adoptive homes.

### **Children's Residential Centers and Group Homes**

OAC rules address the following areas:

- Standards to operate as a children's residential center and group home;
- Recertification standards to operate a children's residential center and group home;
- Standards to deny or revoke an agency's certificate or certification to perform specific functions: whether a full or temporary certificate;
- Availability of Chapter 119 hearings to agencies who do not agree with a proposed adjudication order regarding their certification issued by ODJFS. ODJFS employs or contracts with a hearing examiner to conduct Chapter 119 state hearings. Upon the conclusion of a hearing, the hearing examiner prepares a written report of findings of fact, conclusions of law, and recommendations of departmental action to be taken in disposition of the hearing. The ODJFS Director then considers the report and recommendation, along with any written objections to it, and then issues an adjudication order.

Through a granting of a waiver, ODJFS has the authority to temporarily suspend all or part of a rule imposed on an agency to give the agency time to come into compliance. Additionally, through a granting of a variance, ODJFS has the authority to permanently suspend all or part of a rule imposed on an agency. Technical Assistance and training is provided by ODJFS to an agency when requested.

Agencies applying to be certified to operate a residential facility or group home must provide ODJFS with the JFS 01290 form, a copy of their table of organization, a copy of their mission statement, a description of the specific functions they are requesting certification to perform, and a copy of each policy required by OAC 5101:2-5-13.

Prior to certification, ODJFS engages in the following activities:

- Conducts a review of personnel records.
- Conducts a physical inspection of each living unit.

In addition, the following requirements must be met:

- Staff must have satisfactorily completed the criminal records check as required by OAC 5101:2-5-09.1.
- Fire inspections must be completed within 90 calendar days prior to initial certification--and also after any major modifications or alterations of the existing structure, unless the structure will no longer be in use--or not more than 12 months following the date of the previous inspection.
- When children are present during waking hours in a residential facility living unit, there must be at least one child care staff member on duty providing supervision for each ten children. Child care staff must also be on duty and providing supervision wherever two or more children are congregated.

- A resident of a residential facility can be left alone or unsupervised only in accordance with the provisions in the child's service plan.
- At least one child care staff person must be present to provide supervision for every five infants or toddlers.
- A residential parenting facility shall not permit a teenage mother to provide care or supervision to any child other than her own in the absence of the child's mother or child care staff.
- At least one child care staff member must be awake in each residential facility living unit where children are present during the nighttime.
- Agencies must notify their ODJFS licensing specialist within certain time frames outlined in the rule when the agency administrator's employment is terminated, when there is deletion of any certified function, when there is a change in ownership, when there is a planned or unplanned change in agency or residential facility location, or when an agency or residential facility is deemed uninhabitable for any reason.

Agencies must cooperate with the recertification process and submit paperwork and other documents as required.

### **Children's Residential Center and Group Home Monitoring**

Prior to initial certification of a facility, OAC 5101:2-5-02 requires on-site visits to prospective residential facilities. On-site visits are required to assure that the residential facility is compliant with all applicable OAC rules.

ODJFS inspects each agency at least twice during every 24-month certification period, not including the recertification inspection. At least one inspection is unannounced, and all inspections may be unannounced. Reviews entail examination of personnel records and children's records. If violations are noted during an inspection, the agency is required to submit a corrective action plan. When an agency disagrees with any ODJFS finding, it can appeal the findings. ORC § 5103.03 gives ODJFS the authority to revoke or deny a certificate if a private child-placing agency or private non-custodial agency has violated a statute or rule.

### **Practice**

ODJFS conducts certification inspections for new and existing programs, monitors compliance during announced and unannounced site visits, processes waivers/variances of applicable rules, provides technical assistance and training, conducts investigations of alleged violations of the law, and approves or disapproves Corrective Action Plans, if applicable.

### **Ensuring Federal Funds are Claimed only for Homes that Meet Full Standards**

ODJFS reviews and approves Title IV-E reimbursement ceilings for service providers for CRCs, group homes, maternity homes, residential parenting facilities, or with purchased foster care (PFC). The approval system consist of an annual submission of a cost report and the agreed upon procedures and supplements substantiating the actual costs of care provided.

When completing a single cost report, PCPAs and PNAs shall adhere to the allowable and unallowable cost principles contained in the Office of Management and Budget, the Internal Revenue Service and OAC rules.

Each PCSA or Title IV-E agency that files a cost report will have an annual "Agreed Upon Procedures" audit performed by a certified public accountant (CPA).

In 2001, 2004 and 2007, a federal Title IV-E Audit was conducted in Ohio. In 2001, Ohio was found to be in substabtial compliance with Title IV-E requirements because it had eight or fewer error cases. In 2004, Ohio was found to be in substantial compliance because it had four or fewer error cases. And, in 2007, of the 80 cases reviewed, there were four error cases. Thus, Ohio met the standard of having four

or fewer error cases and is in substantial compliance. Therefore, ODJFS was not required to submit a Program Improvement Plan in this area.

In accordance with Amended Substitute House Bill 119 of the 127<sup>th</sup> General Assembly, the state of Ohio is increasing its participation in the Title IV-E Adoption Assistance (AA) and the State Adoption Maintenance Subsidy (SAMS) payment from \$250 per month up to a maximum of \$300 per month. The increase in the state's commitment to adoption subsidy payment commenced with payments for January 2008 subsidies.

### **Effectiveness**

In 2007 a federal Title IV-E review audit was conducted. The following were found as strengths and Model Practices as described by the Federal Government:

1. Form JFS 01645, "Agreement for Temporary Custody of a Child," is an excellent instrument. In the cases in which there were voluntary placements, there were procedures to assure that the 30-day time limit for renewal of the agreements were followed. All cases followed the requirement and were well managed.
2. County agencies filed petitions for Termination of Parental Rights as soon as statutorily allowed.
3. Cases were adjudicated within the first 60 days.
4. Copies of complaints were attached to court orders. The information was specific, timely, and contained appropriate language.
5. Petitions in the county with the greatest number of children in foster care were detailed and included addresses of fathers and paternal relatives. Court orders contained the exact dates on which children were removed from their home.
6. One excellent practice was the listing of specific services that had been provided to families to prevent removal. This information was provided for a large number of cases.
7. Automation of the Forms JFS 01452 and JFS 01452A for the determination and re-determination of eligibility using Aid to Families with Dependent Children (AFDC) criteria have proven to be very helpful to new staff and have increased the accuracy of the determinations by the counties. Forms are maintained in the Title IV-E case record as documentation that AFDC was re-determined.

### **Changes in Performance and Practice**

#### Changes to Foster Care System

- ODJFS recently had a five year rules review which resulted in the following Chapters being revised and becoming effective on February 5, 2008: Chapters 5101:2-5, 5101:2-7 and 5101:2-9.
- On January 30, 2008, the Ohio Senate voted unanimously to approve House Bill (HB) 214, the foster care reform bill. HB 214 addresses concerns with the Ohio foster care system and also maintains confidentiality concerning the identity current of prospective foster caregivers. However, foster caregivers whose certificate has been revoked, identifying information will be considered public record. HB 214 also increases the family foster parent pre-placement training from 24 hours to 36 hours. Additional safeguards, include but are not limited to: establishing a ban on becoming a foster parent in Ohio if a foster care certificate was revoked in another state within five years prior to their application in Ohio; mandating applicants disclose revoked foster care certifications, and failure to report such revocations is grounds for denying or revoking a current certificate; and increasing collaboration between ODJFS and county boards of mental retardation and developmental disabilities. OAC rules incorporating new statutory provisions will be effective in May 2008.

#### Changes to Adoption System

- In 2006, a workgroup assisted ODJFS in developing and revising home study regulations (OAC 5101:2-48-12, OAC 5101:2-48-12.1, ORC 5101:2-33-12). The workgroup consisted of foster and adoptive parents, county public and private agencies as well as child care organizations such as the

Public Children Services Association of Ohio (PCSAO), Ohio Association of Child Caring Agencies (OACCA), and the Ohio Family Care Association (OFCA).

- A Multiple Children/Large Family Assessment was developed to address how agencies must proceed when a person seeking to adopt a minor child will have at least five children residing in the prospective adoptive home after the minor or foster child to be adopted is placed in the home. The multiple children assessment evaluates the ability of the person seeking to adopt in meeting the needs of the minor or foster child to be adopted and continuing to meet the needs of the children already residing in the home. The assessor shall include the multiple children assessment in the written report of the homestudy filed pursuant to ORC § 3107.031.
- OAC 5101:2-33-12 was developed which outlines procedures an agency shall follow when an applicant(s) knowingly makes a false statement during the application or homestudy processes.

#### **Length of Time Certification Standards for Foster Homes, Adoptive Homes and Facilities have been in Effect**

The certification standards for foster homes, adoptive homes, children's residential facilities and group homes have been in effect for more than 40 years. Ohio is required by ORC § 119.032 to revise OAC rules at least every five years.

#### **Timeframe for Completion of Foster Home and Adoptive Homestudies**

The same homestudy may be used for both foster and adoptive placements. The homestudy must commence within 30 days of the date the agency receives the JFS 01691, "Application for Child Placement." The timeframe for completion of a foster home and adoptive home study for a special needs child is 180 days from the date the agency received the application. An agency that fails to commence the homestudy assessment within thirty days or fails to complete the homestudy assessment within one hundred eighty days must document the reasons why it was unable to meet one or both of these requirements in the foster caregiver's and/or prospective adoptive parent's case record. Commencement of a homestudy is defined as, at a minimum, scheduling an appointment to interview the applicant or assuring that the applicant has been informed of the necessary materials required for the assessor to complete the homestudy (OAC 5101:2-5-21, 5101:2-48-12).

#### **Strengths and Promising Approaches**

Listed below are some of the strengths in the area of foster home certification and adoptive home approval and recruitment:

- Implemented standards in accordance with the Council on Accreditation.
- Implemented new legislation and raising the minimum standards for the certification and monitoring of foster homes.

Additional strengths include the following:

- Agencies can request a search of the Central Registry on Child Abuse and Neglect to find information on foster and adoptive parents.
- Private agencies have access to the Central Registry on Child Abuse and Neglect to obtain information about foster and adoptive parents. Once SACWIS is operating in all 88 counties private agencies will have access to this system.
- Frequently, state, public and private agencies meet to network and exchange information and ideas to improve services and enhance outcomes for children and families.
- Public and private agencies have the ability to request additional information (before certification) from prospective foster or adoptive parents. Race, color, or national origin can not be used as a factor(s) in determining whether to certify an applicant.

- Agencies have the ability to request a waiver of certain rule requirements. A waiver is a temporary suspension of a specific rule or rules.
- Agencies have the ability to request a variance of certain rule requirements. A variance is a permanent suspension of a specific rule or rules.
- The Ohio Child Welfare Training Program (OCWTP) offers training for Child Welfare caseworkers and pre-service training for foster/adoptive parents.
- The Institute for Human Services (IHS) developed curriculum for pre-service training for foster/adoptive parents.
- Many private agencies develop their own policies and procedures which exceed State requirements.

The development of serious risk rules during the coming year can serve as a motivator for agencies to improve certification standards and services. Additionally, revised foster care rules have resulted in clearer standards.

## **Barriers**

The following were identified by some stakeholders:

- Due to understaffing many counties need to contract out homestudy completion, costing agencies extra money.
- A few counties stated that foster and/or adoptive parents in training fail to keep appointments to maintain timely completion of homestudies.
- High turnover rate among Licensing Specialists due to retirement and accepting other positions within the department result in increased caseloads.
- Contracting delays hinder necessary improvement to monitoring tools.
- Perceived inconsistencies of licensing specialists in determining compliance of agencies with OAC requirements.
- It is a very lengthy process via ORC Chapter 119 to revoke an application for certification. During this lengthy process agencies are allowed to operate.
- Under law, private agencies may be revoked for statute/rule noncompliance while public agencies cannot. Some private agencies see this as being unfair.
- Foster Care certification functions are carried out across 87 counties and nearly 200 private agencies. Uniformly applying licensing regulations is a continuous effort, especially if agencies interpret the rules differently than other agencies, they are understaffed, or licensing specialists have different expectations, education and experiences pertaining to the child welfare system.
- A few agencies state some counties are not entering all information about foster and adoptive parents into the Central Registry system. These agencies are discovering critical information about foster and/or adoptive parents through other avenues.

### **Item 43: Requirements for Criminal Background Checks.**

Ohio complies with federal requirements for criminal background clearances related to foster caregivers and adoptive parents and has a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children.

#### **Policy**

Ohio requires criminal background checks on all foster and adoptive applicants and any other adult residing in the home prior to the home being certified for foster care or approved for adoption. (ORC § 2151.86, OAC 5101:2-5-09.1, 5101:2-48-10). The PCSA, PCPA, or PNA must request the Bureau of Criminal Identification and Investigation (BCII) conduct a criminal records check with respect to the prospective foster caregiver/adoptive parent and all other persons eighteen years of age or older who reside with the foster caregiver. Any person providing respite care for a specialized foster care program not certified as a foster caregiver shall also be required to obtain a criminal records check. Additionally, the PCSA, PCPA or PNA may request BCII conduct a criminal records check on adult members of the prospective adoptive parent's household .

No child can be placed in a foster home until the home is certified. Criminal background checks must be completed prior to foster home certification and therefore no child can be placed into a home that does not have a criminal record check completed. An agency is prohibited from recommending a person to be approved as an adoptive parent if the person has been convicted of any crime listed below or if the person has not met the rehabilitation requirements.

The state requires all residential child care staff have a criminal background check. However, the agency may conditionally hire a prospective employee until the criminal records check is completed and the agency receives the results of the criminal record check. The prospective employee is required to sign a statement that he/she has not been convicted or pleaded guilty to any prohibited offenses listed below. If the results of the criminal record check indicate that the person does not qualify for employment, the agency is required to release the person from employment. There is no option for a person to not have a background check completed.

#### **Practice and Procedures**

At the time of initial application, the agency must inform each person seeking certification as a foster caregiver, approval as an adoptive parent, or employed in a residential facility that as a precondition to being approved as an adoptive parent, certified as a foster caregiver or employed at a residential facility they must complete the BCII prescribed criminal records check form and provide a set of fingerprint impressions.

If a person seeking approval as an adoptive parent, seeking certification as a foster caregiver, or seeking employment in a residential facility fails to provide the information necessary to complete the form or fails to provide fingerprint impressions or fails to provide fingerprint impressions for any adult household members, that person shall be denied certification as a foster caregiver, denied approval as an adoptive parent, or be denied employment in a residential facility(OAC 5101:2-5-26, 5101:2-48-09, 5101:2-5-09).

The agency shall forward the criminal background check form and fingerprint impression sheet to BCII. Additionally, the agency shall request BCII obtain information from the Federal Bureau of Investigation (FBI) as a part of the criminal records check for a person subject to a criminal records check if:

1. The person does not present proof of residency in Ohio for the five-year period immediately prior to the date upon which the criminal records check is requested; or
2. The person does not provide evidence that within that five-year period, BCII has requested information about the person from the FBI in a criminal records check. However, the agency may still request that BCII include information from the FBI in the criminal records check even if the person presents proof of residency in Ohio for that five-year period.

The agency shall pay BCII the criminal records check fee prescribed pursuant to division (C)(3) of ORC § 109.572. Pursuant to Ohio law the agency may charge a person subject to a criminal records check a fee for the costs incurred in obtaining a criminal records check. Pursuant to division (D) of ORC § 2151.86, a fee charged by the agency shall not exceed the fee paid by the agency to BCII. If a fee is charged, the agency must notify the person at the time of initial application of the amount of the fee and that, unless the fee is paid, the person will not be considered for employment or certification as a foster caregiver.

The report of any criminal records check conducted by BCII is not a public record. The report shall be made available only to the following persons:

1. The person who is the subject of the criminal records check or the person's representative;
2. The agency requesting the criminal records check or its representative;
3. Any court, hearing officer, or other necessary individual involved in a case dealing with the denial of employment, approval or certification to the person;
4. ODJFS employees as required for certification or monitoring purposes.

Reports from BCII or any other local, state, or federal agency regarding a person's criminal record are valid for a period of one year from the date of the report.

The following is a list of prohibited offenses:

#### HOMICIDE

1. ORC § 2903.01 — Aggravated murder
2. ORC § 2903.02 — Murder
3. ORC § 2903.03 — Voluntary manslaughter
4. ORC § 2903.04 — Involuntary manslaughter

#### ASSAULT

1. ORC § 2903.11 — Felonious assault
2. ORC § 2903.12 — Aggravated assault
3. ORC § 2903.13 — Assault
4. ORC § 2903.16 — Failing to provide for a functionally impaired person

#### MENACING

1. ORC § 2903.21 — Aggravated menacing

#### PATIENT ABUSE AND NEGLECT

1. ORC § 2903.34 — Patient abuse, neglect

#### KIDNAPING AND RELATED ISSUES

1. ORC § 2905.01 — Kidnaping
2. ORC § 2905.02 — Abduction
3. ORC § 2905.04 — Child stealing (as this law existed prior to July 1, 1996)
4. ORC § 2905.05 — Criminal child enticement

#### SEX OFFENSES

1. ORC § 2907.02 — Rape
2. ORC § 2907.03 — Sexual battery
3. ORC § 2907.04 — Corruption of a minor

4. ORC § 2907.05 — Gross sexual imposition
5. ORC § 2907.06 — Sexual imposition
6. ORC § 2907.07 — Importuning
7. ORC § 2907.08 — Voyeurism
8. ORC § 2907.09 — Public indecency
9. ORC § 2907.12 — Felonious sexual penetration (as this former section of law existed)
10. ORC § 2907.21 — Compelling prostitution
11. ORC § 2907.22 — Promoting prostitution
12. ORC § 2907.23 — Procuring
13. ORC § 2907.25 — Prostitution
14. ORC § 2907.31 — Disseminating matter harmful to juveniles
15. ORC § 2907.32 — Pandering obscenity
16. ORC § 2907.321 — Pandering obscenity involving a minor
17. ORC § 2907.322 — Pandering sexually oriented matter involving a minor
18. ORC § 2907.323 — Illegal use of a minor in nudity-oriented material or performance

#### ARSON

1. ORC § 2909.02 – Aggravated arson
2. ORC § 2909.03 – Arson

#### ROBBERY AND BURGLARY

1. ORC § 2911.01 — Aggravated robbery
2. ORC § 2911.02 — Robbery
3. ORC § 2911.11 — Aggravated burglary
4. ORC § 2911.12 — Burglary

#### OFFENSES AGAINST THE FAMILY

1. ORC § 2919.12 — Unlawful abortion
2. ORC § 2919.22 — Endangering children
3. ORC § 2919.23 — Interference with custody (that would have been a violation of ORC § 2905.04 as it existed prior to July 1, 1996 if violation had been committed prior to that date)
4. ORC § 2919.24 — Contributing to unruliness or delinquency of a child
5. ORC § 2919.25 — Domestic violence

#### WEAPONS CONTROL

1. ORC § 2923.12 — Carrying a concealed weapon
2. ORC § 2923.13 — Having a weapon while under disability
3. ORC § 2923.161 — Improperly discharging a firearm at or into a habitation or school

#### DRUG OFFENSES

1. ORC § 2925.02 — Corrupting another with drugs
2. ORC § 2925.03 — Trafficking in drugs
3. ORC § 2925.04 — Illegal manufacture of drugs or cultivation of marihuana
4. ORC § 2925.05 — Funding of drug or marihuana trafficking
5. ORC § 2925.06 — Illegal administration or distribution of anabolic steroids
6. ORC § 2925.11 — Possession of drugs or marihuana that is not a minor drug possession offense

#### OTHER

1. ORC § 3716.11 — Placing harmful objects in food or confection

**Claims**

OAC 5101:2-47-15 requires a foster home to be certified in order to receive Title IV-E reimbursement. OAC 5101:2-5-09.1 requires a criminal background check as part of the foster caregiver’s certification process. This background check listed in rule complies with the federal background check requirements.

As a result of the above mentioned rules, the state will not use federal funds toward any foster home that is not certified in accordance with OAC Chapters 5101:2-5 and 5101:2-7. A criminal background check is a requirement of the certification process therefore no federal funds will be distributed toward a home that does not have a criminal background check in accordance with federal requirements.

**Changes in Performance and Practice**

Some local municipalities, including Hamilton and Montgomery Counties, have established local criminal record database systems. There is also proposed state legislation to establish a new fingerprint database (Retained Applicant Fingerprint Database) that would retain foster parent fingerprints and send notification to ODJFS when a foster parent is arrested, pleads guilty or is convicted of subsequent offenses. ODJFS must inform the caregiver’s agency, and the agency would be required to assess the child’s safety and forward any cause for revocation to ODJFS.

**Quality Assurance and Title IV-E Review**

ODJFS has foster care licensing specialists that monitor agencies for compliance with this requirement. If it is identified that an agency did not request a background check within the prescribed timeframes the agency must develop a Corrective Action Plan. The Corrective Action Plan may be approved or disapproved by ODJFS. If a Corrective Plan is disapproved by ODJFS, the agency must re-submit the Corrective Action Plan (OAC 5101:2-5-06).

Agencies recommending persons for foster home certification are required to record the results of the BCII/FBI check in FACSIS/SACWIS. In November 2006 ODJFS conducted a quality assurance review to determine if there was missing or incomplete FACSIS Data for BCII/FBI Checks for foster caregivers. In January 2007 another quality assurance review was conducted. Following are the results of both reviews:

<b>MISSING OR INCOMPLETE FACSIS DATA FOR BCII/FBI CHECKS OF FOSTER CAREGIVERS</b>			
<b>PRIVATE AGENCIES</b>		<b>PUBLIC AGENCIES</b>	
<b>November 2006</b>	<b>January 2007</b>	<b>November 2006</b>	<b>January 2007</b>
Of <b>5,391</b> foster homes	Of <b>5,363</b> foster homes	Of <b>5,272</b> foster homes	Of <b>5,279</b> foster homes
Missing BCI checks – <b>40.9%</b>	Missing BCI checks – <b>28%</b>	Missing BCI checks – <b>60%</b>	Missing BCI checks – <b>25.5%</b>
Missing FBI checks – <b>40.3%</b>	Missing FBI checks – <b>27.5%</b>	Missing FBI checks – <b>58.5%</b>	Missing FBI checks – <b>25.2%</b>

Agencies were apprized that by February 28, 2007 all agencies should have updated information on all homes.

Additionally, in May 2008 the Office of Legal Services conducted background checks on selected foster homes which were certified on or before September 16, 2006. For those foster caregivers identified as having a prohibited offense a SACWIS check revealed that those foster caregivers were no longer certified. Additionally, those foster caregivers currently certified who had criminal offenses, those offenses were not prohibited by law.

There were no Title IV-E findings surrounding the criminal background in the most recent federal Title IV-E review which was conducted in 2007.

## Exemption and/or Appeal Processes

The following rehabilitation guidelines apply to: prospective adoptive parents, applicants for foster caregiver certification, adults residing in the foster caregiver's household, and staff working in residential care facilities.

The agency finds and documents that the person has met all of the following conditions:

1. Where the offense was a misdemeanor, or would have been a misdemeanor if conviction had occurred under the current criminal code, at least three years have elapsed from the date the person was fully discharged from any imprisonment or probation arising from the conviction. A person who has had his/her record of misdemeanor conviction sealed by a court shall be considered to have met this condition.
2. Where the offense was a felony, at least ten years have elapsed since the person was fully discharged from imprisonment or probation.
3. The victim of the offense was not one of the following:
  - a. A person under the age of eighteen.
  - b. A functionally impaired person.
  - c. A mentally retarded person.
  - d. A developmentally disabled person.
  - e. A person with a mental illness.
  - f. A person sixty years of age or older.
4. The person's certification as a foster caregiver or the person's residency in the foster caregiver's household or the prospective adoptive parent will not jeopardize in any way the health, safety or welfare of the children the agency serves. The following factors shall be considered in determining the person's certification as a foster caregiver or the person's residency in the foster caregiver's household.
  - a. The person's age at the time of the offense.
  - b. The nature and seriousness of the offense.
  - c. The circumstances under which the offense was committed.
  - d. The degree of participation of the person involved in the offense.
  - e. The time elapsed since the person was fully discharged from imprisonment or probation.
  - f. The likelihood that the circumstance leading to the offense will recur.
  - g. Whether the person is a repeat offender.
  - h. The person's employment record.
  - i. The person's efforts at rehabilitation and the results of those efforts.
  - j. Whether any criminal proceedings are pending against the person.
  - k. Whether the person has been convicted of or pleaded guilty to a felony that is not one of the disqualifying offenses, if the felony bears a direct and substantial relationship to being a foster caregiver or adult member of the caregiver's household.
  - l. Any other factors the agency considers relevant.

If a person who is currently certified commits a disqualifying offense, they must notify the recommending agency within twenty-four hours of any charge of any criminal offense brought against the caregiver or any resident of his/her home. If the charges result in a conviction, the foster caregiver shall notify the recommending agency within twenty-four hours of the conviction. Failure to notify the agency in either of these circumstances shall result in ODJFS seeking an order to revoke the caregiver's certification to operate a foster home. If the person notifies the agency within twenty-four hours of a conviction, the home must be evaluated using the rehabilitation criteria.

## **County Practices**

Some counties are collaborating and receiving support from their community and local police departments in order to receive timely responses on criminal background checks of prospective and adoptive applicants.

State legislators are proposing statutory change to develop more thorough screening procedures and extensive criminal background and FBI checks.

## **Strengths and Promising Approaches**

Ohio is currently working on a database referred to as the Retained Applicant Fingerprint Database that retains foster parent fingerprints and sends notification to ODJFS when a foster parent is arrested, pleads guilty or is convicted of any offenses. ODJFS must inform the caregiver's agency, and the agency assesses the child's safety and forwards any cause for revocation to ODJFS.

Some local municipalities including Hamilton and Montgomery Counties currently have local criminal record database systems in place.

Some counties are collaborating and receiving support from their community and local police departments in order to receive timely responses on criminal background checks of prospective foster and adoptive applicants.

State legislators are proposing statutory changes to develop more thorough screening procedures and extensive criminal background and FBI checks.

Ohio is proposing changes to statute which would impose stricter criminal background check requirements as a result of the Adam Walsh Legislation. This new legislation adds categories of crimes that permanently exclude applicants from becoming foster and/or adoptive parents.

All counties are familiar with criminal background check rules and procedures in Ohio. The state has made an effort to emphasize the importance of this requirement at several ODJFS held quarterly meetings and at other related opportunities.

## **Barriers**

The quality of the background study relies on individuals providing accurate information. Foster and adoptive families may not always notify or report offenses to the agency. The proposed Retained Applicant Fingerprint Database will be useful in reducing inaccurate information.

It is not specified in Ohio law what follow-up actions a caseworker should take if an offense was dismissed or expunged. Some agency staff may be afraid to ask additional questions pertaining to the offense while others may not. Asking additional questions is critical.

When individuals commit crimes across state lines the information may not appear on an FBI check. There is no interstate link for criminal databases. Many agencies have stated that this is an ongoing problem.

Some counties state it is difficult to receive accurate information on prospective foster and adoptive applicants when nicknames are provided. These names do not match-up with the names in the system.

#### **Item 44: Diligent Recruitment of Foster and Adoptive Homes.**

Ohio has in place a process for ensuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children for whom foster and adoptive homes are needed in the state.

#### **Policy**

Foster care and adoption agencies are required to develop and implement a comprehensive recruitment plan that identifies the agency's diligent recruitment efforts of families and which reflects the diversity of waiting children for whom foster and adoptive homes are needed (OAC 5101:2-5-13, 5101:2-48-05). Recruitment plans must be submitted to ODJFS by May 1<sup>st</sup> of each year and must comply with the Multiethnic Placement Act, 42 U.S.C.A. 1996 (B), as amended by Section 1808 of the Small Business Job Protection Act of 1996 (MEPA), and the Civil Rights Act of 1964 (Title VI), as it applies to the foster care and adoption process.

Foster care and adoption agencies develop and implement recruitment plans based upon available resources. The recruitment plan must include, but is not limited to: a description of the characteristics of foster children served (i.e., ages, developmental needs, emotional needs, physical needs, race, color and national origin backgrounds, levels of care needed); diverse methods of disseminating general information regarding children; specific strategies to reach all parts of the community; specific methods of disseminating both general, targeted, and child specific information, and implementation of procedures to access homestudies approved by a PCSA, PCPA or PNA; strategies for assuring that prospective parents have access to the application and homestudy process, including the flexibility of service to the community, including location and hours of services that facilitate access to all members of the community; strategies for training staff to work with diverse cultural, racial, ethnic and economic communities; strategies to address linguistic barriers; procedures for timely searches for foster caregivers, including the use of interagency efforts, provided that such procedures ensure placement of a child in an appropriate household is not delayed by the search for a same race or ethnic placement; and a statement of assurance that all foster care and adoption recruitment activities and materials will comply with MEPA, Title VI and the Adoption and Safe Families Act of 1997.

In addition, all PCSAs are required to contain within their adoption recruitment plan:

1. A description of the characteristics of children in agency custody available for adoption, including age, gender, race, and ethnicity of the children, and their developmental, emotional, and physical needs; the number and race of children awaiting adoptive placement for one to twelve months, as well as more than twelve months, from the date the court order granting permanent custody became final and non-appealable; and the average time over the previous five years from the date the court order granting permanent custody of each child, broken down by race, became final and non-appealable and was placed for adoption.
2. A description of children in the state available for adoption for the previous state fiscal year listed on the website at <http://jfs.ohio.gov/ocf/>. This description will include the children's age, gender, race, and ethnicity; their developmental, emotional, and physical needs; the number and race of children awaiting adoptive placement for one to twelve months, as well as more than twelve months, from the date the court order granting permanent custody became final and non-appealable; and the average time over the previous five years from the date the court order granting permanent custody of each child, broken down by race, became final and non-appealable and was placed for adoption.
3. For PCSAs, a comparison of the characteristics specified in numbers (1) and (2), with the racial and ethnic diversity of the approved adoptive applicants and an identification of any racial or ethnic category of families that are under represented.
4. For PCPAs, a comparison of the characteristics specified in number (1), with racial and ethnic diversity of adoptive applicants approved by the agency who are waiting to adopt and an identification of any racial or ethnic category of families that are under represented.

ODJFS is responsible for reviewing and monitoring implementation of all foster care and adoption recruitment plans. Agencies submit plans to ODJFS each year. Upon receipt of the plan, ODJFS

conducts a desk review for OAC rule compliance. In addition to conducting a desk review, ODJFS discusses the agency's recruitment plan during MEPA on-site reviews. PCSA on-site MEPA reviews occur at least once every two years; however, MEPA on-site review occur more frequently in three major metropolitan counties (Cuyahoga County, Franklin County, Hamilton County). In addition, MEPA on-site reviews are conducted at PCPAs and PNAs that contract with a PCSA to perform foster care and/or adoption services at least once every two years. During MEPA on-site reviews, the agency and ODJFS discusses data based on the agency and statewide MEPA data reports. Discussion of the data allows the agency to identify concerns regarding implementation of any part of its recruitment plan, changes initiated to assure that all parts of the community were being reached, and agency progress in working towards establishing equal percentages of diversity in their child and family populations, statistical concerns the agency has about the comparison of the agency's approved adoptive applicants' and approved foster caregivers' child characteristic preferences regarding race and the characteristics of children who are available to be adopted. During the MEPA on-site review, data is also reviewed that outlines whether the agency under review entered the race, color or national origin (RCNO) of the child in FACSIS/ SACWIS for all children placed.

In addition to ODJFS promulgating OAC rules requiring agencies to develop and implement annual foster care and adoption recruitment plans, ODJFS promulgated rules requiring PCSAs and PCPAs to register children on the Ohio Adoption Photo Listing (OAPL) website within ninety days of the date of obtaining permanent custody of a child unless the child's custody is under appeal; the child is placed in an approved adoptive home or if pre-adoptive placement visits are in effect and a placement date within a one month period has been identified (OAC 5101:2-48-07). Use of the OAPL Web site provides an effective statewide recruitment tool for prospective adoptive families and children awaiting adoptive placement.

Ohio Senate Bill 20 increased the state income tax credit for adoption of a minor child. This bill provided further incentives for individuals to adopt children through the public system. The law is open to domestic and international adoptions. There were 1,980 taxpayers who took advantage of the state adoption credit for calendar year 2004. There is no income limit or means testing that applies to the family, which provides equal access for all families. This bill allows the tax credit for any child; it is equally available to and would directly benefit the 2,700 children who are currently in the agency custody and are available for adoption. The tax credit is less burdensome for parents since listing out eligible expenses is not required.

## **Practice**

Agencies develop foster care and adoption recruitment plans which are submitted to ODJFS by May 1<sup>st</sup> of each year. Recruitment plans identify various strategies including general, targeted, diligent and child-specific recruitment. Policy requirements described above are seen in agencies implementation of the following recruitment strategies:

- Using county, statewide and national websites to list children who are available for adoption (i.e., agency's own website, AdoptOHIO Kids website inclusive of the OAPL website, AdoptUsKids website). These websites include pictures and narratives of children waiting for adoption. During calendar year 2006, there were 276,173 visits on the AdoptOHIO Kids web pages. (A visit is a series of actions that begins when a visitor views the first page from the server and ends when the visitor leaves the site or the site remains idle for 30 minutes). As of September 25, 2007, there were 232,158 visits, therefore it is projected that there will be approximately 317,370 visits during calendar year 2007, which is a 15 percent increase. During calendar year 2006, there were 428,062 views on the AdoptOHIO Kids web pages. (A view is the number of times the pages were viewed by visitors). As of September 25, 2007, there have been 352,790 views, therefore it is projected that there will be a 13 percent increase of 482,285 views during all of calendar year 2007. The public is able to express their interest in an individual child by completing an interest form online. ODJFS receives and distributes an average of 2,360 forms each month to or from agencies.
- Sponsoring of "Foster and Adoption Parties" designed to provide information to potential families about foster care and adoption programs and the need for foster caregivers and adoptive parents.

- Participating in Adoption Fairs.
- Participating in the Family-to-Family Initiative. In 1992, the Annie E. Casey foundation began a family-to-family initiative to assist states in improving child welfare outcomes. Several Ohio agencies received grant funding through the family-to-family initiative and this has enhanced the agencies' ability to build community partners while working with families to maintain children safely in their homes or in a family-like setting in the child's community.
- Initiating child-specific and general recruitment media campaigns which include profiling/featuring waiting children in television and radio spots and in newspapers. For example, Cuyahoga County has contracted with two radio stations and is actively working with a local television station to feature children available for adoption. Also, the county is working with adult adoptees where they are asked to depict their experiences during 60 second television commercials and/or recruitment videos.
- Publishing agency Calendars each year which feature harder to place children (i.e., older children, behavioral or physical needs).
- Disseminating flyers featuring children for whom child-specific efforts are needed; these flyers are disseminated to both public and private agencies.
- Collaborating with community partners to promote recruitment efforts during community events. Community partners include but are not limited to: schools, churches and other service organizations. Working with fast food chains to display pictures of waiting children.
- Increasing general awareness in the community about the agency, its services and adoption. For example, Montgomery County is utilizing their Multi-Ethnic Placement Act (MEPA) funds (i.e., Recruitment of African-American Adoptive Families Allocation) to boost their recruitment efforts by featuring adoptive children during weekly television broadcasts.
- Recruiting resource families to spread the word about their experiences.
- Providing financial incentives to resource families who refer new families to the agency.
- Using federal funds under the Rural Targeted Community Outreach grant to expand its marketing approach. It allows comprehensive market research on prospective families and affords the private agency the "luxury" of a marketing person to work with businesses on recruitment.

#### **Changes in Performance and Practice**

ODJFS continues to work with agencies to gather and analyze data and develop strategies to improve performance. Data is provided to agencies on an ongoing basis to assist in analysis of patterns and trends so that agencies can utilize this data to focus attention on developing and implementing recruitment plans emphasizing recruitment, and retention of foster caregivers and adoptive parents. The data is also used to identify strategies and promising practices that have benefited other agencies in the State. The data gathered and analyzed were released in the following ODJFS publications:

1. Waiting Families, Waiting Children (January 2005)
2. An Eye on Recruitment: Who Are Ohio's Adoptive Families? (June 2005, revised September 2005)
3. Length of Time Children Stay in Permanent Custody to Adoption (SFY 2002-2006)
4. Characteristics of Children Waiting for Adoption in Ohio (end of SFY 2006)
5. Length of Time Children in Permanent Custody Wait for Adoptive
6. Placement by Race (SFY 2002-2006)
7. Characteristics of Waiting Children by Length of Time Children in Permanent Custody at end of SFY 2006

Several Ohio agencies identified promising practices for conducting child-specific recruitment and retention of African-American resource families. These agencies and their promising practices were highlighted in the following ODJFS publications:

1. Recruitment and Retention of African American Resource Families: Ohio's Promising Practices (February 2006)
2. Child Specific Recruitment Practices, Ohio's Promising Practices (March 2006)

At the end of FFY 2004, there were 2,150 waiting families, an increase of twenty-nine percent from the end of FFY 2003 and of 161 percent since the end of FFY 2001. An increase in waiting families would seem like a positive trend, but it is only positive if it translates into increases in the number of families actually adopting children. The number of families actually adopting children remained fairly steady from FFY 2001 through FFY 2004, despite the fact that the number of families waiting at the end of each year rose dramatically. For example, the number of waiting families increased from 821 in FFY 2001 to 2,150 in FFY 2004 but the number of adopting families decreased from 1,994 in FFY 2001 to 1,942 in FFY 2004. It would appear that increasingly smaller percentages of recruited families are actually adopting children, producing a growing backlog in the pool of waiting families. In fact, approximately one-half of all families waiting at the end of each of the above fiscal years had been waiting longer than one year, meaning both the number of families recruited each year is increasing (from 396 in 2001, to 565 in 2002, to 807 in 2003 and to 926 in 2004), and the backlog of waiting parents is growing at roughly the same rate.

Through the release of *An Eye on Recruitment: Who Are Ohio's Adoptive Families?* (June 2005, revised September 2005), ODJFS identified characteristics of persons who had adopted and characteristics of families who were underrepresented in the pool of prospective parents. This may be an unused resource. This publication also served as a guide to identifying families who were likely to adopt in the future. The data available for profiling resource families was taken from FACSIS and included age, race, family structure and education. Those who adopted children during FFY 2004 came largely from a thirty-year age range. Approximately 5 percent adopted were between the ages of 20-29, 29 percent were between the ages of 30-39, 38 percent were between the ages of 40-49, 20 percent were between the ages of 50-59, 8 percent were 60 years of age or older. In essence, there were very few during FFY 2004. In FFY 2004, roughly two-thirds of all parents adopting children were white, while nearly all the remainder was African-American. At least three important populations could be discerned just from family structure and race: white married couples, African-American married couples and African-American single women. Recruitment and retention strategies may need to be different for each one. Determining educational levels of prospective and adoptive parents was difficult, because that information was entered into FACSIS less than any other kind of data about resource families. Between half and two-thirds of all resource families had no educational information about the primary caregiver in the electronic record.

Over half of all adoptions in Ohio occur among children five years of age or under and nearly three-quarters among children under the age of ten. Half of the children waiting to be adopted at the end of FFY 2004 were ten years of age or older and only 30 percent were five or under. Foster parents were more likely to adopt younger children and less likely to adopt older children outside of the eight largest counties in the state. More than half of all children adopted in FFY 2004 were white (54%), with another 44 percent African-American. In the largest eight PCSAs, the majority of children adopted were African-American.

Data revealed that at the end of SFY 2006, approximately 45 percent of children waiting to be adopted were nine years old or younger while 54% were ten years and older. In addition, there were now more white children awaiting adoption 53.3 percent at the end of SFY 2006 than African-American children (45.4) percent.

## **Evaluation**

During on-site visits to monitor agencies for compliance with the Multiethnic Placement Act, as amended (MEPA) and Title VI of the Civil Rights Act of 1964 (Title VI), ODJFS engaged in discussions with those

agencies regarding development and implementation of their recruitment plan. ODJFS discussed the agency's recruitment plans by reviewing MEPA data reports and comparing state data with individual county data to determine what changes were needed in the development and implementation of the agency's recruitment plan. All public and private agencies submit recruitment plans and any necessary changes.

The following questions were posed of each PCSA and PCPA during the comprehensive MEPA site visit that occurs once every two years.

- What are the agency's concerns in implementing any part of the Recruitment Plan?
- How is the agency progressing on assuring that all parts of the community are being reached?
- What has been the agency's progress in working towards establishing equal percentages between the diversity of children in their custody waiting for adoption and the diversity of families waiting to adopt?
- Do any of the recruitment materials contain language that is prohibited by or Title VI.

Information for each agency is compiled and documented in the agency's a MEPA report. ODJFS reviewed the 88 county MEPA reports concerning the recruitment of foster and adoptive parents. The agencies noted that they were all on target with following their approved recruitment plans. The most common method of general recruitment utilized was print, television and radio.

The information below provides an example of some specific county efforts and how some of the counties are progressing with their recruitment plan.

**Butler County Children Services Board (CSB)** - During their MEPA on-site visit, ODJFS and Butler County compared the MEPA Data Report, "Adoptive Families Acceptable Races" chart with the "Children in Permanent Custody Race Distribution" chart. Results indicated a significant percentage of Butler County families were willing to adopt children of all races. However, Butler County noted when "age" and "special needs" of children in permanent custody were considered, the number of families "willing to adopt" decreased. The agency reported they were able to implement all SFY 2006 recruitment plan activities even though the agency had a vacant recruiter position since 2002. During the past year, a new staff person with previous recruitment experience, Director of Community and Public Affairs, assisted with multiple recruitment activities. In addition, Butler County applied for the Wendy's Wonderful Kids Grant to assist in funding a Child-Focused Target Recruiter position. This position will focus on recruiting families for hard to place children (e.g., older child, child with mental or behavioral issues). Butler County staff further reported their recruitment activities were effective and they were reaching all parts of the community. Butler County CSB employs multiple strategies in recruitment, and emphasizes "development of relationships with the children" as one of the most important recruitment strategies. These relationships begin when the child comes to the agency and continues through post-finalization.

**Cuyahoga County Department of Children and Family Services (CCDCFS)** had concerns about the lack of funding for sustained recruitment through media (radio and newspaper). CCDCFS explained that the types of ongoing recruitment activities that are affordable are more grassroots in nature. For example, CCDCFS analyzes the neighborhoods where children are being removed, then conduct foster parent parties, and develop incentive programs for existing foster/adoptive families where, if the family refers other adoption/foster families, they receive gift certificates for the referrals. Also, they organize and conduct various adoption mixers, community gatherings, and county-wide events. CCDCFS collaborates, and often contracts, with other agencies to develop neighborhood based recruitment activities. Agencies with whom they contract target foster recruitment to various levels of care required by children. Other initiatives, such as AdoptCuyahogaKids, target older children. Other recruitment techniques, tools, and strategies involve such things as welcome baskets and incentive program brochures. Such items are taken to home after an adoption worker is assigned to the home for the purpose of recruitment. These activities are referred to as a "neighborhood blitz." Different organizations are also targeted where short presentations regarding the need for adoptive and foster homes are given. For the neighborhood blitz, the agency sends an e-mail to every CCDCFS personnel to request

volunteers. The volunteers go door-to-door to recruit. While the goal is to recruit families, it also brings the people working in the agency closer as a team. CCDCFS reported that staff are generally excited about the neighborhood blitz. CCDCFS also conducts a special recruitment activity every May called their "Spring Fling." Each year is a new topic and theme.

**Clark County Department of Job and Family Services (CCDJFS)** developed a neighborhood based recruitment plan with the assistance of various churches from all areas of the community. The majority of the African-American population (99%) resided in the Springfield City area. In 2005, 5 of the 24 children waiting for adoption in CCDJFS were African-American. CCDJFS utilized diversified methods to recruit adoptive applicants and is aware of the need to have as many families available to meet the needs of children in their care.

**Montgomery County Department of Job and Family Services (MCDJFS)** had no problems or concerns implementing any part of their foster care or adoption recruitment plan. The agency's recruitment challenge centered on competition from the 14 to 16 private agencies in the area. The agency holds quarterly meetings with contracted agencies to do such things as reviewing costs, placements, and contracts. There were no real changes needed to assure all parts of the community were being reached. The population ratio of the county in general to the race classification of approved adoptive homes was fairly close. During the MEPA Cycle I review, Montgomery County had one approved Asian family. There was not a large Hispanic community but it was growing. The community has "Hispanic Day" as well as the "Latino Connection." The agency also has an "English as a second language" program. Montgomery County's biggest recruitment challenge was recruiting foster and adoptive families for older African-American teenagers. All of Montgomery County's television commercials and most of the recruitment efforts feature children ages 12 and older.

**Lucas County Children Services (LCCS)** did not have any concerns with implementing their recruitment plan as stated during the MEPA Cycle I review. The agency's recruitment philosophy is based on the belief that developing a pool of potential families willing and able to adopt and that reflects the racial and ethnic diversity of children needing placement is best accomplished by conducting targeted advertising, advertising throughout the community, engaging in child specific recruitment, and working with community organizations; and engaging in faith based-initiatives. The agency also accomplishes effective recruitment through a one-on-one approach with potential families. It is believed this approach helps potential adoptive families understand the characteristics and needs of available children, the nature of the adoptive process, and the financial, medical and other needed supports available to adoptive families. The agency noted the percentage of African-American adoptive families at 37.8 percent was higher than the African-American distribution within the county at 17.0 percent. The agency's percentage of Hispanic adoptive homes was 2.2 percent and slightly lower than the percentage of Hispanic distribution within the county at 4.5 percent. The agency conducts targeted recruitment activities that include efforts to reach the Hispanic population.

LCCS acknowledged a need for increased placement resources on the south, north and east sides of the county since the majority of children are removed from these communities. The agency's public information specialist concentrates efforts on building relationships with key community stakeholders and religious leaders. The agency tracks adoptive inquiry sources and notes that three of the five top inquiry sources were relationship based, either a friend or relative, foster or adoptive parent or an LCCS employee. The agency continued to utilize special events within specific communities and targets efforts to engage the faith based community through the Adoption and Foster Celebration, Pastors' Luncheon and informal fairs in the medical and educational communities.

The agency's targeted advertising efforts have allowed more personalized and directed contact in specific communities. Targeted advertising efforts include notices in community newspapers in the north and east sides. Advertisements are also utilized in The Toledo Journal and Sojourner's Truth in an attempt to reach the African-American population and La Prensa and El Tiempo to reach the Hispanic population.

In smaller communities, some agencies use child profiles carefully for two primary reasons. First, the agency service areas represent a relatively small community. To honor the confidentiality of children, birth and foster families, one agency, for example, does not go into the community and place photos of children in need of permanent homes or use radio or newspapers for child specific recruitment. In addition, families are generally provided photos only after they are committed to potentially adopting a

child. This agency also utilizes private agencies to assist in child specific recruitment. Another agency talks with foster parents about adopting children in their care.

**Greene County Children Services Board (CSB)** reported they are understaffed and do not have the personnel needed to focus solely on recruitment. However, they were able to purchase t-shirts with “A family for every Child” printed on them along with their agency telephone number. In addition, they placed door hangers throughout the community. This effort generated many calls from interested people; yet again, there is not enough staff to track the number of callers who have inquired.

Also, Greene County stated that many potential adoptive and/or foster parents are more interested in finding children out of the county or out of the state. This is due to fear of running into the biological family at the local grocery store or during a community event.

One metropolitan county begins each year by analyzing who fosters or adopts children. The agency reviews the referral sources listed for those families who contact the agency. The agency then develops a yearly calendar that concentrates heavily on recruitment efforts that have been successful in the past and markets to those people who foster and adopt Ohio's children.

**Southwest Region** report not having enough resource homes to adequately care for children in PCSA custody. As a result, children are sometimes placed out of county or across the state border (in Kentucky/Indiana). Several Southwest PCSAs are currently implementing aggressive foster parent recruitment campaigns. Closer partnerships between PCSAs and network providers have also been formed to improve local service delivery.

#### Effectiveness of Recruitment Plan

ODJFS administered a survey pertaining to adoption-related issues that was designed by Child Trends and completed by approximately 200 respondents. Key respondents included judges (36), public agency administrators (67), public agency supervisors (30), and public agency caseworkers (35). Other survey respondents were private agency caseworkers (4), supervisors (4), and administrators (11); various representatives from the legal system (14); child advocates (3); service providers (5); and others (13).

Respondents were asked the following question: In your opinion, how effective is the child welfare agency in recruiting adoptive families that match the race or ethnicity of the children in foster care who are waiting for adoption? Survey findings were the following: 20 percent of respondents said that the agency was very effective in achieving adoptions in a timely manner, 49 percent said that the agency was somewhat effective, 11 percent said that the agency was not at all effective, and 20 percent had no opinion on this question.

For the key job positions represented, 20 percent of caseworkers, 25 percent of supervisors, and 23 percent of judges used the response category of “No Opinion/Don’t know” for this question. Only 7 percent of public agency administrators used the No Opinion/Don’t know category. There was no other variation in opinions as a function of the respondent’s job.

Several survey respondents indicated that there was little diversity in their communities and that most of the children and families were Caucasian. They interpreted the question as relating to only recruitment of families who were not Caucasian.

Respondents also were asked to identify the factors that they believe facilitate the recruitment of adoptive families that match the race/ethnicity of children in foster care who are waiting for adoption. The following were the most frequently identified facilitators.

- Community education regarding adoption targeting specific communities (68 percent of respondents).
- Recruitment efforts targeting families of specific race/ethnicity (66 percent of respondents).
- The availability of post-adoption services for children (65 percent of respondents).

There was only one item that a substantial percentage of respondents identified as a barrier to agency effectiveness. This was the lack of financial resources to target adoptive family recruitment (67 percent of respondents).

## Strengths and Promising Approaches

State and local agencies have engaged in a variety of promising approaches which are highlighted below.

- **Cuyahoga County's** recruitment material (pamphlets, brochures, flyers, banners) depicts families that show diverse family types. Many potential foster and/or adoptive families are able to relate to these families on the pictures depicting older two-parent African American families.
- **Franklin County** created calendars featuring available children and successful adoptive families. These calendars also show diverse family types, educating the community about the fact that adoptive families are not necessarily two-parent families.
- **Montgomery County** utilizes a recruitment strategy where a foster parent is given the opportunity to bring a friend to training so they may learn about the positive influences a foster parent can make in the life of a child.
- **Franklin County** works with biological family members who may have had criminal backgrounds. Their observations have shown that many birth family members have made changes in their lives, whereby they are now able to provide parenting to the child.
- Counties develop relationships with waiting children which allow them better ways of providing child-specific recruitment.
- Many counties have adopted and demonstrated the philosophy that "everyone is a recruiter," including staff and foster and adoptive families.
- Some agencies review their foster care and adoption recruitment plan on a quarterly basis to assess progress and success. If necessary, the plan is adjusted to produce better results.
- Calendars featuring available children and successful adoptive families are created and distributed. These calendars show diverse family types, educating the community about the fact that adoptive families are not necessarily two-parent families.
- Involving the child in the process. One way an agency involves older children is by having children make videos about themselves. These videos are then provided to interested families. The agency found that when children are involved, there are fewer disruptions.
- Analyzing data of PCSAs with significant populations of children in care as indicated by the Adoption and Foster Care Analysis and Reporting System.
- Collecting, compiling and sharing information from other states regarding their practices around the recruitment and retention of resource families.
- Conducting an annual review of recruitment plans to identify any areas that authorize practices inconsistent with the requirements of the federal or state law. In circumstances where portions of the recruitment plan are not compliant with federal or state law, ODJFS provides technical assistance to the agency within 60 days of receipt of the recruitment plan.
- Assuring statewide statistics regarding children who are waiting for adoptive families, information regarding the adoption process and pictures and narratives of children waiting for adoption are readily accessible to the general public. The information is available on the Ohio Adoption Photo Listing Website, in the Ohio Adoption Guide which includes information on the adoption process, statistics regarding adoptions and a list of public and private agencies, support networks, and adoption related websites.
- Utilizing a variety of media outlets, including television, radio and newspaper.
- Tracking inquiry referrals to determine which recruitment efforts are working and which are not and adjusting the recruitment plan and implementation based on that data.
- Working directly with a child and knowing the child when putting together a child specific story.
- Working with the Wendy's Wonderful Kids program.
- Featuring children in company newsletters, which give the child a voice.
- Highlighting a child for whom child-specific efforts are needed during a foster parent and/or adoptive parent training.
- If the child is in a Planned Permanent Living Arrangement (PPLA), going back to the birth parent and inquiring about relatives in order to determine if they can care for the child.

- Ohio Family Care Association is sponsoring a 5K nationwide walk in May 2008, in Columbus, Ohio. The theme is “Walk me home to the place where I belong.” This nationwide walk is intended to promote foster care and adoption awareness.
- The “neighborhood blitz,” recruitment event is being utilized in several counties. The agencies target a neighborhood, and publications are placed in mail boxes and/or agency staff goes door-to-door.
- Counties are working hand-in-hand with the water/sewer, gas, and/or electric companies to insert foster and adoption information into mass mailings.

The following strengths were identified:

### TANF

ODJFS provided AdoptOHIO Kids 2007 allocations (pursuant to OAC 5101:9-6-75) to PCSAs to promote permanent families for children through adoption. A total of \$9.1 million TANF dollars were provided in SFY 07 for AdoptOHIO Kids allocations to PCSAs. PCSAs received allocations based on the following formula:

- Average number of children, ages nine and older served during SFYs 2004, 2005 and 2006.
- Number of permanently committed children in PCSA’s custody on July 1, 2006 for 16 months or less, who are not placed in an adoptive home.
- Minimum \$2,5000 allocation for each PCSA.

Allocations are expected to increase the overall number and timeliness of adoptions. Allocations target two-parent and single adoptive parent families who meet Ohio’s standard of need (120% of the state median income scaled to family size including the presence of any adopted children for single parents). There is no standard of need for two parent adoptive families. Allocation funds can only be used for purchased services or one-time incentive payments to adoptive families upon finalization. Examples of allowable purchased services (such as family recruitment/home studies, pre-adoptive training for parents/families, peer counseling/mentoring for pre-adoptive parents/families, and pre-finalization case management or one-time incentive payments) to adoptive families upon finalization. Funds may support agency recruitment campaigns and promotional activities only when themes focus on promoting two parent adoptive families. Grants to faith based organizations are permitted and encouraged within the restrictions noted above.

The State released TANF funds under the “Recruitment of African American Adoptive Families Allocation” to increase the number of available African-American adoptive families, which is a goal of Ohio’s CFSR. A total of \$750,000 in TANF funds for SFY ’08 and SFY ’09 for funding six specific PCSAs which have been identified by ODJFS as having the highest number of African American children in their custody. The following PCSAs received funds for SFY 08: Cuyahoga, Franklin, Hamilton, Lucas, Montgomery and Summit.

### AdoptUSKids

Ohio has been an active participant in AdoptUsKids. Currently, there are 30 Ohio public agencies which have registered on the AdoptUsKids website. There have been more than 1,938 inquiries made by prospective families regarding Ohio’s waiting children.

### Financial Assistance

The State increased its participation in the Title IV-E Adoption Assistance (AA) and the State Adoption Maintenance Subsidy (SAMS) payments from \$250 per month up to a maximum of \$300 per month. The increase in the state’s commitment to adoption subsidy payments commenced with payments for January 2008. This assistance enables the following:

- Having foster homes in which to place children.
- Providing youth with supportive caseworkers who care and that try to stick with them.
- Providing assistance with clothes, high school and college costs, and other expenses that may occur.
- Educational and Training Voucher program.
- Providing therapy, counseling, activities and workgroups to assist youth.

- Providing assistance with tutors.
- Providing Independent Living skills.

Multiple Community Partners are involved in recruitment efforts. These include:

- Faith based organizations (Pastor, Minister, Secretaries) play a key role in approving and supporting various recruitment activities within their church. (For example, recruiting members from their congregation to foster and adopt waiting children.)
- Business Corporations work with agencies to allow them to insert information into paycheck envelopes about foster care and adoption.
- Fast food chains display information on waiting children.
- Private agencies contracting with PCSAs provide foster care and adoption recruitment and other adoption-related services.
- Television and radio stations feature waiting children.
- Agency recruitment departments meet regularly with the Foster Parent Association to discuss and identify recruitment ideas.
- Adoption workers assisting in developing ideas for recruitment, “everyone is a recruiter.” This philosophy is promoted throughout the agency.
- Children discussing the type of family he/she would like to be placed with, what their likes and dislikes are, and what type of activities they enjoy, making child specific recruitment strategies a little easier. Also, children may assist with recruitment ideas themselves.
- Biological families may be willing to be rehabilitated and make changes in their lives in order to be reunited with their child(ren).
- Adoptive and Foster Parents, Mentors and Volunteers assisting with recruitment by word-of-mouth.
- Ohio Family Care Association (OFCA) sponsoring community events promoting foster care and recruiting families interested in fostering and adopting children.
- Recruitment Committees and Network Agencies coming up with suggestions for recruitment.

## **Barriers**

### **National**

- AdoptUsKids Ohio region, received a budget cut of more than \$22,000. This decrease in funding will impact recruitment efforts because funding is designed to encourage the adoption of older youth from foster care by recruiting and connecting foster and adoptive families with waiting children.

### **Statewide**

- Older children continue to remain in the system for a longer period of time. At the beginning of FFY 2007, 1,217 of the 3,414 children available for adoption in Ohio were age ten and over. Ohio needs to recruit more families who are willing to adopt older children. Although foster parent adoptions are currently on the rise for FFY 2007 in Ohio, the concern is foster parents are most likely to adopt younger children than older children.
- Tracking children through placement in SACWIS is currently a barrier since the system is experiencing technical difficulties.
- Throughout the state, negative media coverage on high profile cases has deterred potential foster and adoptive parents from becoming involved with fostering and adopting.
- Economic factors in many of the counties have led to a decrease in foster and adoptive parents. In part, due to rising gas prices, company closings, home foreclosures and bankruptcies.
- Future rule revisions will increase the number of foster parent training hours may lead to a decrease of foster parent interest.

### **Local**

- Belief of some adoption workers that older children may not be adoptable because they are too old. Therefore, agencies may not consider the goal of adoption early enough in the case process.
- Potential adoptive parents may think older children are too old to be adopted.

- Broad-based recruitment (general recruitment) is relatively ineffective in reaching African-American families.
- Lack of timely agency follow-up with inquirers.
- Potential adoptees may not have access to computers in order to view children on AdoptUsKids.
- Franklin County experienced some problems with receiving support for their “One Church One Child” Initiative.
- Some smaller county agencies have insufficient resources for follow-up calls, recruitment events.
- Some agencies experience high caseworker turnover rates.
- Lack of communication between the agency and prospective families.
- Caseworkers not listening to the child, not keeping them informed of the process, not providing answers, and not helping them understand the complexity of emotions surrounding the process.

### **Suggestions for Improvement by Youth**

Youth working with ODJFS on the Statewide Assessment made the following suggestions:

- Thoroughly review Background checks and assessments;
- Require psychological testing of potential foster parents;
- Reduce caseloads of caseworkers;
- Increase number of caseworker visits;
- Conduct more unannounced visits;
- Conduct separate visits with just the caseworker and child, due to the child feeling as if he/she can’t speak as freely as they would like to around the family.
- Increase caseworker availability (i.e., youth need caseworker cell phone number and not a desk number);
- Caseworkers should respond to foster child calls more frequently;
- Establish a hotline number for youth (24 hours/7 days a week);
- Youth need to feel support from their caseworker (i.e., caseworkers believe foster parent and staff more than the child).
- Caseworker needs to build a rapport with the youth (trust);
- Need caseworkers who actually care for the children and not look at it as just a job.
- Need consistent caseworkers. Those who follow the life of the case.
- Need more caseworkers who are knowledgeable about Child Welfare policy.
- Need more supervisor involvement with the child.
- Potential foster parent(s) should shadow a foster parent first before opting to foster and/or adopt a child (mentorship relationship).
- The state needs to look more closely at the intent of the potential foster parent and the assessment by the caseworker.
- Youth need a way of evaluating the foster parent (anonymous survey).
- Youth should be allowed to select their own schools.
- Youth should be allowed to choose their own parents.

## **Item 45: State Use of Cross-Jurisdictional Resources for Permanent Placement.**

Ohio has focused on ways to ensure Ohio is meeting the needs and finding permanent homes for waiting children through the use of interjurisdictional families. Ohio believes that one of the best ways to meet the needs of our children is to respond to everyone, in or out of state that inquires about our waiting children. In addition, we are also concerned about other states and countries waiting children thus, we work on facilitating permanent homes with our available adoptive families.

### **Policy**

#### **Interstate Placement**

When any PCSA, PCPA holding custody of a child, or an Ohio court plans the placement of a child into another state or territory they are required to advise the Ohio Interstate Compact on the Placement of Children (ICPC) office of its need to obtain an evaluation of a placement resource and the receiving state's authorization to place the child. The agency is required to submit relevant information regarding the child to the ICPC office (OAC 5101:2-52-04).

In 2006, Ohio was the first state in the nation to ratify the new Compact language for the Interstate Compact on the Placement of Children. The Compact has recently been revised and Ohio will work toward revision of state law.

On October 1, 2006 P.L. 109-239 *The Safe and Timely Placement of Foster Care Children Act of 2006* went into affect for Ohio. This federal law required home study requests received by Ohio from another state to be completed within 60 days. To encourage counties to meet these guidelines ODJFS sends the request to the PCSA via overnight mail and additionally sends the PCSA an e-mail to alert them that a home study request had been sent. The home study request is also entered into the SACWIS system and the responsible PCSA is assigned the home study request. ODJFS provides technical assistance to PCSAs that require additional guidance for completion of the interstate home studies.

#### **Placement and Matching**

When more than one PCSA, PCPA, PNA, or out of state agency is involved in an adoptive matching decision, a representative from each agency shall participate in the matching conference. Participation by teleconference is acceptable (OAC 5101:2-48-16). OAC 5101:2-48-16 further specifies that "regardless of the geographic location, the following preferential order shall be given when considering families in the matching process:

1. All adult relatives of the child;
2. The child's foster caregiver who is approved to adopt or who has completed the JFS 01691 five days prior to the matching conference unless the agency determines that the placement is not in the best interest of the child.
3. Other suitable approved prospective adoptive families."

Agencies are also instructed to maintain a family that is referred to their agency in the same manner of families that the agency approves. This means that agencies must continue to consider families from other agencies and states that they receive for other children.

#### **Medical Coverage**

Ohio's membership in the Interstate Compact on Adoption and Medical Assistance (ICAMA) requires PCSAs to work with ODJFS and other states when a child moves from Ohio into a new residence state in

order that Title XIX Medicaid Coverage for Title IV-E Adoption Assistance Eligible Children is in place (OAC 5101:2-49-19).

## **Practice**

ODJFS maintains an Interstate Compact for the Placement of Children (ICPC) unit staffed with one supervisor and three consultants to receive requests from other states for placement into Ohio and to receive requests from Ohio agencies to place children outside of Ohio. The ICPC staff conducts annual training of county staff and provides technical assistance to agency staff, as needed. ODJFS also employs one staff person whose responsibility is ICAMA. For implementation of PL 109-239, the ICPC unit mails all request to agencies via overnight mail.

ODJFS maintains the Ohio Adoption Photo Listing Web site which features over 100 children who are legally available for adoption. This site is accessible to all in the world who have access to Internet. When a family completes an interest form on line, the interest form is mailed by ODJFS to the custodial agency for consideration. (Refer to Item 9 for further information)

ODJFS is also the AdoptUS Kids administrator for Ohio. ODJFS has trained over 30 agencies on how to maintain selected children on the AdoptUS Kids Website. This website is additionally accessible to all individuals in the world who have access to the Internet.

### **Changes in Performance and Practice**

The major change that has occurred since the CFSR PIP is the implementation of PL 109-239. ICPC staff developed a new data base to track receipt of homestudy narratives within the 30 and 60 day timeframes. Many PCSAs have had to restructure their agency's homestudy processes as the majority of Ohio agencies completed the training prior to initiating the homestudy. One of Ohio's largest counties is still in the process of revising their policies to ensure timely completion of the homestudy narratives.

## **Evaluation**

During FFY 2007 ODJFS sent 72 requests on a child or group of siblings to other states for adoptive placement with a family in that state.

Of the 72 requests that have been sent to other states there are 15 that have not yet been determined to be approved or denied by the other state. During the 12 county metro meeting Cuyahoga staff indicated that ICPC was one of the biggest delays in placement. The statistics show that out of the ten placements Cuyahoga requested between March 27, 2007 and November 27, 2007 five have been approved and two have been denied. Of the three that are pending, ODJFS ICPC staff indicates that the referrals are with states that had to reform their entire system to comply with the new federal timeframe requirements and thus have fallen behind in completion of timely studies.

During FFY 2007 ODJFS received a total of 90 requests from other states for children to be placed with Ohio families. Of the 90 requests, seven are still pending.

### **Working with ICPC and other Agreements between the State and other Jurisdictions**

The majority of requests are from states contiguous to Ohio and from Florida and California.

ODJFS staff regularly attend the national ICPC and ICAMA meetings. ODJFS staff supported new compact agreements and, as indicated previously, was one of the first states to ratify the revised ICPC contract.

### **Regional or County Issues**

Of the 72 requests for placement of children outside of Ohio in FFY 2007, Franklin and Hamilton Counties had the largest numbers of requests. Both of these counties maintain their own website in addition to posting children on the Ohio Adoption Photo listing. These agencies also have relationships with specific agencies in Pennsylvania and South Carolina. Metropolitan agencies that have more financial resources

are able to contract with out-of-state agencies, thus adding to their ability to use out of state placements more frequently.

### **Strengths and Promising Approaches**

ODJFS has a separate ICPC unit which is fully responsible for ICPC cases and technical assistance to agencies. This provides consistency to Ohio agencies and other states. ODJFS has the ability to track ODJFS staff time in response to ICPC requests and regularly reports response times to ODJFS administration.

The following strengths in this area include:

- The majority of the larger counties in Ohio use the Live Scan to receive both BCII and FBI checks, thus there is a one to two day turn around in receiving these reports back.
- The ICPC unit uses the overnight mail system when sending documents. When documents can be scanned and e-mailed or faxed these methods are also utilized to provide missing documentation to another state or to an Ohio County.
- The ICPC staff provides an annual video conference to train public and private agency staff on ICPC rules and procedures.
- The photo exchanges, including the Ohio Adoption Photo Listing and the AdoptUS Kids website, are key resources to assure that inter-jurisdictional placements can occur.

### **Barriers**

P.L. 109-239 was created to promote the timely completion of homestudies and included an incentive clause for home studies returned to the sending state within 30 days. Currently there have been no fiscal authorizations from the federal government for support of home studies completed within the 30 day timeframe.

**Section V - State Assessment of Strengths and Needs**

<b>Statewide Assessment Checklist</b>	
<p><b>Instructions:</b> Use the checklist below to assess and note whether the Statewide Assessment adequately addresses key areas. Then, considering the information collected through that assessment process, identify the following in section VI below: (1) issues requiring revisions to the Statewide Assessment and (2) issues requiring further review on site.</p>	
<b>I. Stakeholder Involvement in the Statewide Assessment</b>	
Is there evidence of adequate consultation with youth in foster care in preparing the Statewide Assessment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Is there evidence of adequate consultation with tribes in preparing the Statewide Assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments: NA – no federally recognized tribes
Is there evidence of adequate consultation with the courts in preparing the Statewide Assessment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Is there evidence of adequate consultation with the Court Improvement Program (CIP) in preparing the Statewide Assessment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Is there evidence of adequate consultation with other key parties outside the child welfare agency in preparing the Statewide Assessment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Are the stakeholders who were consulted identified in the Statewide Assessment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Are the stakeholders who are involved in other State child welfare planning and reform efforts, such as the Child and Family Services Plan (CFSP) and subsequent Annual Progress and Services Reports (APSRs) also engaged in the Statewide Assessment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Comments:
<b>II. Building on the Prior Statewide Assessment and Program Improvement Plan</b>	
Does the current Statewide Assessment show that the State has evaluated the progress made in the outcomes and systemic factors since the previous Statewide Assessment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Comments:

<p>Does the Statewide Assessment show that the State has evaluated the impact of its Program Improvement Plan (PIP) activities by, for example (1) indicating the status of the State's performance when beginning the PIP, (2) outlining the PIP accomplishments, and (3) documenting the status of the State's current performance?</p>	<p><input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No Comments:</p>
<b>III. Use of a Variety of Information Sources</b>	
<p>Does the Statewide Assessment show that the State used a variety of information sources, for example:</p>	
<p>Data profiles</p>	<p><input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No Comments:</p>
<p>State Automated Child Welfare Information System (SACWIS) or other management information system data</p>	<p><input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No Comments:</p>
<p>Results of quality assurance reviews</p>	<p><input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No Comments:</p>
<p>Consultations with external partners</p>	<p><input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No Comments:</p>
<p>Surveys</p>	<p><input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No Comments:</p>
<p>CIP re-assessment</p>	<p><input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No Comments:</p>
<p>Community-Based Child Abuse Prevention (CBCAP) reports/information</p>	<p><input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No Comments:</p>
<p>Citizen review panel reports</p>	<p><input type="checkbox"/> Yes   <input type="checkbox"/> No Comments: N/A</p>
<p>Other: focus groups/work team groups</p>	<p><input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No Comments:</p>

<b>IV. Use of Data and Analysis of Program/Practice Issues</b>	
Does the Statewide Assessment show that the State has reviewed their Adoption and Foster Care Analysis and Reporting System (AFCARS) and National Child Abuse and Neglect Data System (NCANDS) data, or alternate safety data, to ensure that the data are correct?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Does the Statewide Assessment include a discussion of relevant program and practice issues, based on the data pertaining to each section of the document?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Comments:
<b>V. Usefulness of the Statewide Assessment During the Next Phases of the CFSR</b>	
Does the Statewide Assessment provide sufficient information for selecting sites for the onsite review?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Does the Statewide Assessment provide a solid overview of the agency's policies and practices for use by the Onsite Review Team?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Will the Statewide Assessment inform and help the State appropriately target subsequent PIPs?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Comments:
<b>VI. Identification of Specific Issues</b>	
<p><b>Safety:</b></p> <ul style="list-style-type: none"> <li>• Issues requiring revisions to the Statewide Assessment: None</li> <li>• Issues requiring further review on site: Use of recurrence by PCSAs</li> </ul>	
<p><b>Permanency:</b></p> <ul style="list-style-type: none"> <li>• Issues requiring revisions to the Statewide Assessment: None</li> <li>• Issues requiring further review on site: None</li> </ul>	

**Well-being:**

- Issues requiring revisions to the Statewide Assessment: None
- Issues requiring further review on site: None

**Information system:**

- Issues requiring revisions to the Statewide Assessment: None
- Issues requiring further review on site: None

**Case review system:**

- Issues requiring revisions to the Statewide Assessment: None
- Issues requiring further review on site: None

**Training:**

- Issues requiring revisions to the Statewide Assessment: None
- Issues requiring further review on site: None

**Agency responsiveness to the community:**

- Issues requiring revisions to the Statewide Assessment: None
- Issues requiring further review on site: None

**Licensing/recruitment/retention:**

- Issues requiring revisions to the Statewide Assessment: None
- Issues requiring further review on site: None

**Quality assurance:**

- Issues requiring revisions to the Statewide Assessment: None
- Issues requiring further review on site: None

**Service array:**

- Issues requiring revisions to the Statewide Assessment: None
- Issues requiring further review on site: None

## Statewide Assessment Work Group Participants

### Safety Work Group

Julie Wirt, Chair  
Children Protection Section Supervisor  
ODJFS, OCF, Bureau of Family Services

Brenda Bloom  
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### Permanency #1 - Foster Care Work Group

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Quo Vadis Ellison, Foster and Adoptive Parent  
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### **Evaluation Work Group**

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